



Quarterly Progress Report October 1 - December 31, 2015

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LIST OF ACRONYMS

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASW	Adherence Support Worker
BD	Beckton-Dickinson
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CHAZ	Churches Health Association of Zambia
CHC	Chronic HIV Checklist
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DCMO	District Community Medical Office
DNA PCR	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	Early Infant Diagnosis
EMS	Express Mail Delivery
ESA	Environmental Site Assessment
eMTCT	Elimination of Mother-to-Child Transmission
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GCDD	Gender and Child Development Division
GIS	Global Information System
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
cART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation
MC	Male Circumcision

MCH	Maternal Child Health
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
SCMS	Supply Chain Management System
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VSU	Victim Support Unit
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPCT IIB	Zambia Prevention, Care and Treatment Partnership II Bridge

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB) is a 14-month contract (AID-611-C-14-00001) between FHI 360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US \$24,900,000. The FHI 360-led team envisions this short-term contract as a *bridge to the future* of HIV/AIDS services that are fully owned by the Government of the Republic of Zambia (GRZ) and sustainable for the long term. Over the 14-month Bridge period, ZPCT IIB will work side-by-side with the GRZ through the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DCMOs) and other stakeholders to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Muchinga, Northern and North-Western.

ZPCT IIB supports the GRZ goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up elimination of mother-to-child transmission (eMTCT); HIV testing and counseling (HTC); expansion of male circumcision services; and clinical care services, including ART. The objectives of the ZPCT IIB project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources, and supports the priorities of the MoH and NAC.
- Encourage integration of health and HIV services, where feasible, emphasizing the needs of patients for prevention at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

During the quarter, ZPCT IIB provided support to all districts in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces. ZPCT IIB is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. ZPCT IIB aims at strengthening the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. At the same time, ZPCT IIB is working to increase the GRZ (MOH and MCDMCH) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT IIB quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT IIB will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

The ZPCT IIB quarterly report includes all activities from October 1 – December 31 2015. During the reporting period, the following key activities were completed:

- District capacity capacity strengthening plans were developed for ten districts.
- During the quarter, ZPCT IIB supported 470 health facilities (440 public and 30 private) across 57 districts. Key activities and achievements for this reporting period include the following:
- 292,699 individuals received HTC services in 470 supported facilities. Of these, 235,719 were served through the general HTC services while the rest (56,980) were counseled and tested through eMTCT services.

- 56,980 women received eMTCT services (counseled, tested for HIV and received results), out of which 2,935 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of eMTCT was 4,541.
- 169 public and 23 private health facilities provided ART services and all 192 report their data independently. A total of 11,704 new clients (including 621 children) were initiated on antiretroviral therapy. Cumulatively 271,095 individuals are currently on antiretroviral therapy and of these 17,015 are children.
- MC services were provided in 58 public and 3 private health facilities this quarter. 19,502 men were circumcised across the ZPCT IIB supported provinces this quarter.
- 61 health care workers were trained by ZPCT IIB in Zambia Consolidated Guidelines for the Treatment and Prevention of HIV infection. Further, 35 health care workers were trained by ZPCT IIB to support deliver ART according to national guidelines.

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (January. – March. 2016)

The following activities are anticipated for next quarter (January – March 2016):

- The FHI 360 and CHAZ modification will be finalized and signed.
- Engage GRZ stakeholders (MOH) at national level to agree on how to operationalise and monitor the Joint Transition Plan.
- Training of health care workers in integrated new guidelines and Option B+, ART/OI management, commodity management, equipment use and maintenance.
- DHIS2 training for health facility staff.
- Monitor PopART study in Kabwe, Kitwe and Ndola.
- Monitor SMGL activities in Mansa.
- Implementation of community based HTC pilot using door to door HIV testing as well as index client follow up in the community to reach other family members.
- Implementation of Community ART Dispensing/Distribution.
- Implementation of the Comprehensive Quality Colour Treatment Codes (CQCTC) to support patient level quality management.
- Validation of the viral load monitoring using DBS.
- Continue to respond to USAID feedback on transition milestones under Lab and Pharmacy
- Facilitate at the 2nd Pharmacy Research Conference
- Print 5,000 copies of the pharmacy standard operating procedures manual
- National ARVs and Cotrimoxazole Quantification Review meeting
- Roll out and monitoring of the community dispensation of ARV Drugs in selected facilities
- Capacity strengthening activities in pilot districts
- Joint mentorship site visits with GRZ provincial and district staff
- Review progress towards Pharmacy electronic systems interoperability
- Conduct three ART Commodity management trainings

- Facilitate equipment use and maintenance training for provincial medical equipment officers and provincial biomedical scientists
- Implementation of HIV viral load testing and early infant diagnosis at Solwezi General Hospital.
- Assess performance of PIMA CD4 Point of care analysers and follow up on externalisation of EQA results.
- Monitor viral load testing at ADCH PCR Laboratory and all provincial PCR testing centres.
- Continue to review of equipment sustenance strategies after three training events with major equipment vendors, Provincial Biomedical Scientists (PBS) and Provincial Medical Equipment Officers (PMEO)
- Training of health care workers in equipment use and maintenance.
- Monitoring the functionality of laboratory equipment
- Routine servicing and maintenance of laboratory and pharmacy equipment
- Conduct VL study for validation of DBS.
- Preparation and submission of MSH close out report.

ZPCT IIB Project Achievements September 1, 2014 to December 31, 2015

	Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Oct – Dec 2015)		
		Targets (Sept 14 – Sept 15)	Achievements (Sept 14 – Dec 15)	Male	Female	Total
1.1 Counseling and Testing (CT) services						
	Service outlets providing CT according to national or international standards	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)
	Individuals who received HIV/AIDS CT and received their test results	819,751	844,301	112,980	122,739	235,719
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	1,055,318	1,159,747	112,980	181,726	294,706
	Individuals trained in CT according to national or international standards	110	69	0	0	0
1.2 Prevention of Mother To Child Transmission (eMTCT) services						
	Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	437	460 (436 Public, 24 Private)			460 (436 Public, 24 Private)
	Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	235,567	315,446		58,987	58,987
	HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission during pregnancy and delivery	15,974	24,423		4,541	4,541
	Pregnant women Newly initiated on treatment during the current pregnancy(Option B+)	3,659	17,707		3,149	3,149
Family Planning						
	Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	451	460 (436 Public, 24 Private)			460 (436 Public, 24 Private)
	Number of clients attending HIV services (in HTC, eMTCT and ART) referred for FP services	74,292	105,171	1,658	12,473	14,131
	Number of clients from HIV services (HTC, eMTCT and ART) who received at least one FP method	33,567	41,412	1,778	7,685	9,463
	Health workers trained in the provision of PMTCT services according to national or international standards	25	74	0	0	0
1.3 Treatment Services and Basic Health Care and Support						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	401,927	379,493	140,690	223,889	364,579
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	28,100	24,031	11,804	12,162	23,966
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	125	489	17	18	35
	Service outlets providing ART	189	192 (169 Public, 23 Private)			192 (169 Public, 23 Private)
	Individuals newly initiating on ART during the reporting period	37,752	64,948	3,923	7,781	11,704
	Pediatrics newly initiating on ART during the reporting period	2,643	3,261	330	291	621
	Individuals receiving ART at the end of the period	224,432	271,095	100,435	170,660	271,095
	Pediatrics receiving ART at the end of the period	15,800	17,015	8,553	8,462	17,015
	Health workers trained to deliver ART services according to national or international standards	125	489	17	18	35
TB/HIV services						
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	451	470 (440 Public, 30 Private)			470 (440 Public, 30 Private)

	Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Oct – Dec 2015)		
		Targets (Sept 14 – Sept 15)	Achievements (Sept 14 – Dec 15)	Male	Female	Total
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	4,332	4,550	503	327	830
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	125	489	17	18	35
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	12,695	16,098	2,057	1,185	3,242
1.4 Male Circumcision services						
	Service outlets providing MC services	60	61 (58 Public, 3 Private)			61 (58 Public, 3 Private)
	Individuals trained to provide MC services	52	60	0	0	0
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	48,054	97,681	19,502		19,502
2.1 Laboratory Support						
	Laboratories with capacity to perform clinical laboratory tests	170	170 (145 Public, 25 Private)			170 (145 Public, 25 Private)
	Individuals trained in the provision of laboratory-related activities	60	154	31	14	45
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	N/A	2,229,995			518,155
2.2 Capacity Building for Community Volunteers						
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	70	109	13	7	20
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	390	173	20	29	49
3 Capacity Building for PHOs and DHOs						
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	15	15			15
4 Public-Private Partnerships						
	Private health facilities providing HIV/AIDS services	31	30			30
Gender						
	Number of pregnant women receiving PMTCT services with partner	N/A	109,321		22,239	22,239
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	240,084	21,553	29,470	51,023
Quality Assurance/Quality Improvement						
	Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	N/A	x			x

QUARTERLY PROGRESS UPDATE

Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasize treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).

1.1: HIV testing and counseling (HTC) services

During the quarter under review, 440 public and 30 private (470) facilities provided HTC services in the six ZPCT IIB supported provinces as well as through community based HTC services. This resulted in 291,917 clients being tested, counseled and receiving their results (56,198 were children). Of all those tested, 13,968 were found to be HIV positive and were referred for enrollment into HIV care and assessment for eligibility for cART.

Project technical assistance focused on:

- Increasing access to HTC through community based HTC services: Monitoring and continued mentorship on the quality of HTC services has continued in the Door to Door and Index clients as an entry point to HTC services in the community to increase access by taking services close to clients homes in the targeted high prevalence areas. These additional community based HTC services continued as a pilot in selected communities of Chililabombwe, Solwezi, Ndola, Kapiri, Kabwe, Mansa and Kasama districts. Close monitoring of these activities coupled with data review and analysis with key stakeholders in these communities has continued to share progress made so far and plans to address challenges. This activity has been accepted and supported by communities.

In addition, ZPCT IIB conducted the mobile/outreach HTC activities and reached a total of 88,402 clients tested, out of which 1,831 tested HIV positive and were referred for HIV care, treatment and support to the facility. 9,930 uncircumcised HIV negative male were also referred for VMMC at the facility.

- Couple targeted HTC: This continued to be prioritized and strengthened in ZPCT IIB supported health facilities. The benefits of couple HTC continued to be emphasized during joint technical support and mentorship of HCWs and lay counselors by ZPCT IIB technical staff. The focus was on effective linkages to clinical care/ART services for HIV positive clients, family planning for eligible clients and VMMC for HIV negative male clients. Emphasis on risk reduction behavior and safer sex practices was offered to discordant couples. A total of 27,840 HTC clients and 15,997 eMTCT clients received HTC services as couples out of which 762 were discordant couples who were referred for cART services in line with the current consolidated national HIV treatment and prevention guidelines.
- Integrating HTC into other clinical health services: HTC integration into FP, TB/STI/ANC and VMMC continued to be implemented with same day results to all the clients seeking HTC services. 16,856 FP, 1,036 TB, and 2,992 VMMC, clients with unknown HIV status all received HTC services.
- FP/HIV integration activities: This is a priority for ZPCT IIB with main focus on clients regardless of their HIV status receiving FP services both in MNCH and ART departments. During this quarter, monitoring of services was conducted by ZPCT IIB technical officers to ensure that quality services are maintained. A total of 11,075 HTC clients were referred for FP and 7,503 were provided with FP services. 15,961 clients seeking family planning services were referred for HTC services and 16,856 were offered HTC services with results. A total of 3,056 ART patients were provided with FP services. The lay counselors have continued to create demand in the community for FP services. The use of community radios for mobilization and FP demand creation has continued in Northern and North-Western provinces.
- HTC services for children: During this reporting period, routine child HTC services continued being provided with 883 children, tested for HIV in under-five clinics; 26 tested positive. A total of 56,198 children were tested for HIV in pediatric wards across the six supported provinces and 983 tested

positive for HIV and received their test results. The children that tested HIV positive were linked to treatment, care and support services, out of which 180 were initiated on cART.

- Integration of screening for gender based violence (GBV) within HTC services: ZPCT IIB technical staff have continued to screen HTC clients for GBV using the CHC checklists as part of the integration strategy. A total of 13,184 HTC clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

1.2: Elimination of mother-to-child transmission (eMTCT) services:

436 public and 24 private health facilities provided eMTCT services in the six ZPCT IIB supported provinces. During the quarter in review 56,980 ANC clients were provided with eMTCT services with routine HTC services using the opt-out strategy, with same day results given to all the clients. 2,935 (5.2%) tested HIV positive and initiated on cART within MNCH. 17,873 were re-tested and 301 (1.7%) tested HIV positive during subsequent ANC visits. A total of 4,541 ANC clients received ARVs for eMTCT. This high number of HIV positive women receiving ARVs is a result of some women who were missed in the previous quarter. In collaboration with the PMO/DCMOs, ZPCT IIB technical staff supported scaling up of Option B+ and promoted provision of cART within MNCH and referral to ART where this was not yet feasible. HIV positive pregnant and breast feeding women together with their HIV infected partners were being initiated on cART within MNCH units in many of the health facilities and referrals made to ART clinics. Capacity building for HCWs and eMTCT lay counselors in Option B+ is on going.

- 438 eMTCT sites are providing cART within MNCH while 16 are referring mothers to ART clinic for initiation of cART.
- A total of 2,935 pregnant women tested HIV positive out of which 4,541 (155%) were initiated on cART including those HIV positive women missed in the last quarter.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: Promoting DBS collection at six weeks and six months remained the main focus of the technical assistance and mentorship in this quarter, with prompt provision of results to the care taker to ensure initiation of treatment to all exposed babies. A total of 3,622 samples were collected from 237 facilities and sent to the PCR laboratory at ADCH out of which 155 tested HIV positive, and 180 clients that tested HIV positive were initiated on cART including those who were missed in the previous quarter.
- Re-testing of HIV negative pregnant and breastfeeding women: In collaboration with the DCMOs, ZPCT IIB supported health facilities to strengthen retesting of HIV negative pregnant and breastfeeding women who test HIV negative early in pregnancy or before delivery, from 32 weeks there after and during postnatal period with emphasis on correct and accurate documentation in the eMTCT registers. During this reporting period, 17,873 pregnant and breastfeeding women were re-tested and 301 tested HIV positive (sero-converted) which represents a 1.7% sero-conversion rate. Those who sero-converted were initiated on cART according to the 2013 national consolidated guidelines.

Other TA areas of focus under eMTCT included:

- The 12 FP/HIV model sites continued integrating FP and ART services: Mentorship and technical support to FP model sites was conducted to reach and strengthen FP needs of HIV positive clients, FP counseling of clients seeking services in MNCH and ART has been strengthened at all the model sites with clients being offered FP services within the ART Clinic with correct and accurate documentation in the FP registers. Expansion of FP services including LARC to 120 facilities in the six provinces is ongoing with most instruments having been received and distributed to the facilities as part of scale up support. Six LARC trainings have been conducted in this quarter. ZPCT IIB technical staff have

continued to provide technical support and mentorship to HCWs at all the 12 facilities. Job Aids for FP have been printed and distributed to the facilities.

- During this quarter, a total of 724 Jadelle and 72 IUCDs were inserted in the 12 model sites. 1,097 clients received oral contraceptive pills and 12,717 received injectable contraceptives (7,791 DEPO and 4,926 Noristerat).
- Project Mwana to reduce turn-around time for HIV PCR results: the selected facilities have continued utilizing these services. Mothers and guardians are communicated through the mobile phone SMS to come to the clinic for their children's results in the shortest period of time and those testing HIV positive are initiated on treatment.

1.3: Antiretroviral Therapy (ART)

169 public and 23 private health facilities provided ART services in the six ZPCT IIB supported provinces. During this quarter, two ART services were operationalized in Kasempa district including Nselauke and Kankolonkolo health centers. All the 192 ART facilities provide both paediatric and adult ART services and report their data independently.

During this quarter, 11,704 new clients (including 621 children) were initiated on antiretroviral therapy. 98 were HIV positive individuals in HIV discordant couples and 1,206 were HIV positive pregnant women that were identified through the eMTCT program (1,002) and ART clinic (204). Cumulatively, there are now 271,095 patients that are receiving treatment through the ZPCT IIB supported sites, including 17,015 children. This quarter, 784 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 14,131 patients in care were referred for FP services.

During this quarter, the TA focused on the following:

- Operationalization of the new consolidated prevention and treatment guidelines: Orientation of HCWs in the Consolidated HIV Management guidelines has continued and 61 HCWs were orientated and on-site mentorship conducted in the period under review. Further orientation in the recent past has been targeted towards other staff such as the district managers and supervisors as well as laboratory and pharmacy providers. To further support operationalization of the new guidelines, ZPCT IIB conducted Adult ART/OI training with a total of 35 HCWs were trained. This was followed up by on-site mentorship. Viral load testing for patients is also being done in Central Luapula and Copperbelt provinces to ensure that patients are properly monitored.
- Post exposure prophylaxis (PEP): PEP services were provided in supported facilities. Technical support was provided to the facilities to ensure proper documentation of information in the PEP registers. A total of 393 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 102; exposure type II (occupational) 268; and other exposure 23.
- Usage of SmartCare Clinical Reports for Patient Management: Ongoing support is being provided to ensure Data Entry Clerks (DECs) update the electronic SmartCare and are able to generate facility clinical reports which are used to guide patient management. Examples of these reports include treatment failure reports, late for pharmacy pick up reports and late for clinical visit reports. Health care workers were oriented on the key aspects of the SmartCare reports and the importance of generating and utilizing these reports. Late for pharmacy pick up reports generated were also passed on to ASWs to follow up patients in the community who missed appointments.

Pediatric ART activities

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 192 ART sites. From these facilities, 621 children were initiated on antiretroviral therapy, out of which 180 were below two years of age. The focus of TA by ZPCT IIB for pediatric ART included:

- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT IIB implemented different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. The facilities that received positive results were followed up by our staff to ensure that the care-givers were contacted and children initiated on cART. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Pediatric ART continues to be monitored and is with time expected to improve in coming months because of enhanced eligibility criteria for all HIV positive children who are 15 years and below. HIV positive babies less than two years of age were initiated on ART.

- Expanded eligibility criteria for children: Onsite mentorship was provided to staff trained in the consolidated guidelines to ensure that any child 15 years and below who test positive is commenced on cART. ASWs were also given names of children in the Pre-ART registers for follow-ups so that they are brought to the facilities for initiation. What remains to be operationalized is the indicators that capture uptake in the different age groups.
- Adolescent HIV services: ZPCT IIB supported adolescent HIV clinics. Adolescent meetings were held where topics including reproductive health, disclosure and adherence were discussed. A total of 47 adolescents were involved in these meetings. Ronald Ross Hospital and Lubengele health centre have completed the process of identifying and registering adolescents and caregivers and are scheduled to begin having meetings. Adolescent HIV Support group outdoor activities were carried out at Solwezi urban clinic. Adolescent clinic days were also set at Kasempa urban clinic, Mwinilunga district hospital, Zambezi district hospital and Solwezi general hospital.
- Community ART Dispensing: The pilot study has since began in the 12 selected facilities supported by ZPCT IIB. A total of 74 Self-selected groups of People Living with HIV have been formed so far. It is hoped that this pilot study will address the issue of congestion at ART clinics
- Community ART Tracking Register (CAT Register). These have been placed in all ZPCT IIB supported facilities. They are being used to document all tracking efforts done during follow-ups of patients who are late for pharmacy pick-ups.
- National level activities: ZPCT IIB staff participated in the Pediatric ART TWG meetings. ZPCT IIB also supported and participated in the ART update Seminar which was held from 16th to 18th December 2015 at Mika Hotel. Five presentations were made by ZPCT IIB.

1.4: Clinical palliative care services

440 public and 30 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 364,579 clients received care and support at ZPCT IIB supported sites (including 23,966 children) which included CD4 count assessment, provision of cotrimoxazole prophylaxis (septrin), nutrition assessment using body mass index (BMI), and screening for and management of TB, hypertension and diabetes as well as pain management.

- Screening for selected chronic conditions in patients accessing HIV services: As part of managing HIV as a chronic condition, PLHA attending HIV services were screened symptomatically for diabetes. During this reporting period, 18,078 PLHA were screened using the chronic HIV checklist (CHC).
- Nutrition assessment and counseling: ZPCT IIB supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 25,664 assessed for nutritional status using BMI and the malnourished are referred accordingly.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 10,942 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed, such as further counseling, shelter, economic empowerment support, paralegal services, etc.
- Cotrimoxazole prophylaxis: This quarter, 7,653 clients were put on cotrimoxazole prophylaxis, and 2,822 exposed infants initiated on cotrimoxazole through the eMTCT program.

1.5: Scale up Voluntary Medical Male Circumcision (VMMC) services

This quarter, ZPCT IIB supported VMMC service in 61 (58 public and 3 private) health facilities. There has been a significant increase in the number of clients reached with the service during this reporting period; 19,502 men were circumcised (12,502 in static sites and 7,000 through outreach MC services). Out of the total males circumcised this quarter, 17,639 were counseled and tested for HIV before being circumcised

representing 90.4% of all VMMC clients. Of this number, 89 tested positive for HIV and were linked to care and treatment.

- Strengthening integrated service delivery: ZPCT IIB continues to work with other departments in the health facility to strengthen internal referrals especially from MCH, OPD and HTC units. During the December 2015, ZPCT IIB worked with community mobilization teams for clients and to track clients for post operative reviews.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: During the reporting period, ZPCT IIB conducted internal QA/QI assessments using the HPCZ accreditation tool in 58/61 VMMC sites. The findings from the assessments showed weakness in space and low numbers of active MC providers. In addition, ZPCT IIB participated in the national review of VMMC data collection tools. This review was focused on strengthening national standard VMMC data collection and reporting forms.
- Capacity building: During the quarter, Surgical Society of Zambia (SSZ) supported post training follow up to HCWs that were trained in all supported districts. A total of 39 HCWs were assessed for competence in VMMC surgical skills and program management as follows; Central (nine); Copperbelt (13); Northern (seven); Luapula (seven) and Muchinga (three).
- Interventions to improve VMMC reach (MC outreach): ZPCT IIB participated in the December 2015 national school holiday VMMC campaign in addition to the regular district based VMMC outreach activities. A total of 7,000 clients accessed VMMC service through outreaches.
- Strengthening existing systems for coordinating MC programming: ZPCT IIB provincial offices participated in the national December campaign preparatory meeting and data review meetings at both provincial and district level. This activity has contributed to bring together implementing partners at provincial level where they share lessons and best practices. Additionally individual districts are given an opportunity to peer review each other's performance in data management, program planning, integration and HCWs allocation, and scale up plans.

1.6: TB/HIV services

ZPCT IIB supported 470 health facilities to implement TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Because of continued low numbers of clients screened for TB in the HIV care clinics against the potential number of clients who pass through these clinics, technical assistance was strengthened and targets were given to the provincial offices on the number of clients to be screened for TB. 26,705 PLHA were screened for TB, in clinical care/ART clinics 1,032 were found to be symptomatic and were documented and referred for further management. 805 patients were diagnosed with active TB and were started on treatment. 830 patients receiving HIV care and treatment were also receiving TB treatment. 760 TB patients were started on ART. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- Initiation of all TB/HIV co-infected PLHA: ZPCT IIB mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. Trends showed that 576 of the clients were initiated on ART within 60 days of starting TB treatment compared with 164 initiated after 60 days, while 167 TB patients were initiated on ART within 30 days of commencing TB treatment. Work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts (Kabwe, Ndola, and Kitwe) on implementing the one-stop center for TB and HIV services. The next step is to identify TB facilities that do not have ART services and training health care workers to manage TB/HIV co-infection.

1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071

During the quarter under review, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia continued implemented activities as follows:

- Voluntary Medical Male Circumcision (VMMC) services: Makululu, Ngungu, Ndeke, Chimwemwe, Chipokota Mayamba and Chipulukusu PopART sites provided static and outreach MC services. All the six sites participated fully in the December MC national campaign activities. Two facilities did not perform well, Makululu faced challenges with poor client mobilization while Ngungu had issues with MC providers. Chipulukusu had more MCs performed because the facility received more experienced MC providers.

The table below provides a summary of MC activities that were performed between October and December 2015 – MC data

Facility name	Number of MC clients pretest counselled, tested and received HIV results	Number of clients tested HIV negative	Number of clients tested HIV positive	Total number of males circumcised as part of the minimum package of MC
Chipulukusu	448	448	0	448
Ndeke	240	0	0	240
Makululu	121	116	5	160
Chimwemwe	464	463	1	464
Chipokota Mayamba	543	542	1	543
Ngungu	152	152	0	153
Totals	1968	1721	7	2008

- Implementation of Option B+: ZPCT IIB continued to provide technical support towards implementation of Option B+ services. A total of 155 HIV positive pregnant and breastfeeding women were initiated on cART in the PopART sites.
- Implementation of IPT: a total of 164 clients had their sputum analyzed by Gene Xpert, and were provided with Isoniazid 300mg tablets as preventive therapy from all the six study sites. ZPCT IIB provincial offices and the DCMOs (Ndola, Kitwe and Kabwe) worked together to ensure the facilities had adequate stocks of INH with long expiry dates.
- Initiation of HIV positive clients based on PopART study criteria (“Test and Treat” irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal HTC with clients who test positive for HIV and initiated them on ARVs irrespective of CD4 count/WHO Stage as per study protocol. Active mobilization and linkage to care in Arms A and B continued. Facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal HTC and initiated eligible clients on ARVs according to the current national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines, but with no active mobilization or linkage.

– October – December 2015 enrollment data in the Arm A facilities

Facility name	Total HIV + individuals enrolled in care	Total HIV + individuals initiated on cART	HIV+ individuals initiated outside the national guidelines	Clients enrolled due to CHiPs intervention
Ndeke	253	232	37	62
Chipulukusu	224	184	36	86
Totals	477	416	73	148

The table above shows that out of the total of 477 HIV positive individuals that were enrolled into care during this reporting period, 148 (31%) had been enrolled after referral by the CHiPS (community health intervention providers) who conduct door to door HTC within the community. 12% of clients did not initiate ARVs due to delays that were experienced to transport sputum and receive results to and from Gene Xpert testing point in Chipulukusu community. Measures to address the challenges were instituted.

1.8: Public-private partnerships

During the quarter, ZPCT IIB supported all the 30 private health facilities through onsite training for HCWs in the Zambia Consolidated guidelines and provision of new national ART guidelines (Consolidated ART Guidelines) to ensure adherence to national protocols. All the supported sites that have MoUs with fhi360 have been reporting service statistics to district health offices alongside with what is reported to ZPCT IIB.

1.9: Gender Integration

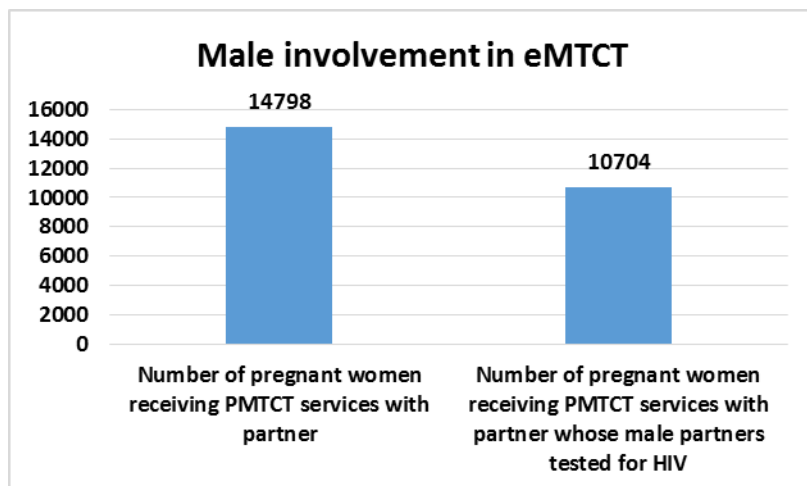
Addressing GBV as a key HIV prevention strategy and quality of care issue

One of the strategies that ZPCT IIB uses to address GBV in HIV/AIDS service delivery is training of clinic staff and community volunteers in GBV screening, counseling, referral and treatment. Since inception of the ZPCT IIB project, a total of 194 (89 female and 105 male) community volunteers have been trained in GBV screening, counseling and referral. During the quarter under review, a monitoring trip to three of the six supported provinces was conducted to assess the utilization of the skills acquired during training and to document the immediate results. Discussions were held with a total of 42 trained volunteers. A total of 39 volunteers out of the 42 were actively applying the skills from the training through community mobilization, referral and screening using the CHC checklist. Volunteers know where to refer survivors within their districts and these include the police victim support unit, social welfare, FAWEZA and other NGOs. The ZPCT IIB developed a community sensitization GBV tool kit which is being used in the community. has been appreciated by community volunteers as easy to use and they requested for extra copies.

ZPCT IIB continued to facilitate proactive screening of clients for gender based violence in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate GBV disclosure and increased access to PEP. During the quarter under review, a total of 22,341 clients were screened for GBV and 67 victims of sexual assault were provided with PEP.

Volunteers' experiences on couple counseling was that most couples when tested together do disclose their results to each other. There are a few and rare cases where partners opt not to disclose to each other and evidence shows that such partners already know their HIV status. Disclosure seems easier among older couples (50 years and above) than it is among younger couples. Disclosure of HIV status to new sexual partners remains a challenge. ZPCT IIB will continue to encourage couple CT and disclosure during adherence counseling.

ZPCT IIB has continued to promote men's participation in perceived "women's" health services like antenatal and family planning and HIV/AIDS services through promotion of couple counseling. During the quarter under review 14,798 pregnant women accessed PMTCT services with their male partners and



10,704 partners got tested for HIV. Involvement of traditional leaders seems to be yielding results with regards to male involvement in eMTCT. Some facilities like Mumbeshi, St Kalembe, Kabompo district hospital and others are recording more than 50% male partner involvement in eMTCT and about 70% partners who accompany their pregnant women getting tested for HIV. The project will continue to engage traditional and religious leaders and other

stake holders to address stigma and cultural norms that hinder HTC uptake and to mobilize the community to access HIV/AIDS services. This will facilitate increased access to HTC by women and men as well as disclosure of HIV status, adherence to treatment and to PMTCT services.

The project continued sensitizing communities on the benefits accessing of family planning services as a couple. A total of 886 couples were counseled about family planning and accepted a contraceptive method at ZPCT IIB supported sites

Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC

2.1: Maintain, expand, and strengthen pharmacy services

The total number of ZPCTIIB supported facilities with pharmacies is 471 of which 30 are in the private sector and this quarter MSH provided technical support in pharmaceutical services to 70% of these facilities. Ongoing technical assistance and mentorship was provided mainly on strengthening pharmaceutical management systems, capacity strengthening activities with district health staff, preparation for the community dispensation of ARV drugs initiative stock assessment of ARV medicines and medical supplies as per Zambia consolidated guidelines, operationalizing of the smartcare integrated module in the pharmacy department, consolidating the pipeline of the VMMC program for the August school campaign and outreach activities.

- SmartCare Integrated pharmacy module Database : ZPCT IIB Pharmacy staff were able to provide on-site technical support to some staff at selected sites and orientations in use of the Smart Care integrated pharmacy module were conducted for staff. There were challenges noted at some service delivery points such as no computers at some ART sites, inadequate staffing levels and very few Pharmacy staff trained in Smart Care. This led to disruptions in the use of the database however the staff at these facilities were advised to resume data capture for improved decision making. Non utilization of the system was also attributed to constant power outages following national electricity loadshedding and work overload. Material and technical support was provided to all facilities to ensure usage of the tool and this will be on going in the next quarter. All computers installed with Smart Care were updated to version 4.6.0.6 but it was noted that some reports were generating inaccurate results and this was reported to the developers.
- Pharmaceutical Management: The pharmacy unit provided technical assistance to the District pharmacists to promote post exposure prophylaxis activities and majority of facilities were providing services on site, while others were referring to the nearest facility. The pharmacists started supplying PEP drugs together with essential commodities in a bid to increase access to PEP Drugs. Pharmacy in charges were advised to take the lead in ensuring PEP awareness is done during MTC meetings. The

Pharmacy unit worked with staff from the DMO to ensure emergency contraceptives were ordered from MSL and stored at PEP corners in all the facilities in their districts so as to provide family planning options to sexually abused clients.

During the quarter, standard storage conditions and specifications that assure the quality of medicines were monitored and it was noted that 30% of all air conditioners were non-functional in all the provinces combined. In Luapula province some units were replaced at service delivery points while others were repaired by the Provincial Medical Equipment Officers (PMEO). A comprehensive report on equipment functionality was shared with the program unit..

- Rational Medicine Use: Some facilities had not fully adapted to using recommended ART regimens for pediatrics as stipulated in the guidelines. This was noted by the slow uptake of some products as evidenced by the limited stock movement despite increased records of new client initiations. Discussions were held with relevant staff and they were advised to share updates with all healthcare workers at clinical meetings and related fora. Facilities gradually started transitioning pediatric clients previously on Zidovudine based regimens to Abacavir based regimens according to the guidelines. The Zambia Consolidated Guidelines and latest Job aids were distributed to augment staff knowledge and ultimately promote rational medicines use. The facilities were followed up and monitored for compliance in collaboration with MOH supervisors.
- Implementation of Option B+: A total of 454 ZPCTIIB supported facilities were implementing Option B+ to enhance eMTCT services and orientation sessions with pharmacy staff were conducted which led to the improvement in drug management supply chain coordination at facility level. This ensured availability of ARVs for eMTCT and proper inventory management tools to manage the medicines and supplies in the MCH department. Facilities are well versed in how to order ARV drugs and the MCH sites have storage cabinets for ARV drug storage.
- Male Circumcision Program: A number of VMMC supplies such as MC consumable kits, MC reusable instruments, Chlorhexidine Gluconate (Savlon) 500mls, Incontinent sheets, Sodium Hypochlorite (JIK), Lignocaine, gloves, Chromic catgut, methylated spirit, Adhesive tape, were distributed to the provincial offices in preparation for the December school holiday campaign. VMMC months of stock on hand and consumption trends and patterns were compiled and aggregated for the quarter in preparation for forecasting and quantification to resupply the pipeline.
- TB/HIV Interventions: The ZPCTIIB Pharmacy unit worked with staff from Provincial office to supply Isoniazid in line with recommended guidelines for TB-IPT and this has since been implemented in some districts. Availability of Isoniazid for use as prophylaxis to prevent incidence of TB in PLHIV is still a challenge and was noted throughout the quarter as most of the stock expired at the month end of November. The PMO received some new stock of Isoniazid early in December and distributed to some facilities, the distribution process will be completed next quarter. The program in some areas such as Luapula province has not yet been rolled out awaiting orientations and adequate stock status at national level. Pyridoxine was not available at all. ZPCT IIB pharmacy staff will continue collaborating with MOH staff and MSL to ensure Pyridoxine is made available to the facilities.
- Community ART Dispensing/Distribution: ZPCTIIB team conducted orientations for staff at selected facilities and self-select groups of participating clients were being formed amid continued sensitization about the program during group counselling sessions at the ART clinic. The pharmacy sign off sheet were finalized and distributed for use.
- Supply Chain Management: MSH participated in national-level activities focused on planning for various commodities in support of the ART, PMTCT, opportunistic infection and STI, MC, reproductive health, and other programs closely linked to HIV/AIDS services provision:
 - ARV Logistics System Status: Following the addition of Tenofovir 200mg (TDF) for use as part of the preferred first line agent for HIV infected children above 17kg, MOH distributed a memo announcing the availability of TDF at MSL. The ordering will be through the ARV logistics system in place and this should be given as part of combination ART. This quarter some ARV drugs were

not stocked according to plan and were either overstocked or understocked, these included adult formulations namely Atazanavir/Ritonavir, Nevirapine 200mg tablets, Zidovudine/Lamivudine FDC, Lamivudine 150mg tablets and Zidovudine 300mg tablets. The others were paediatric formulations Abacavir/Lamivudine FDC. In central province it was reported that some quantities of Truvada expired on the shelf due to short dated stock at a few sites that had received this consignment from MSL. Most facilities experienced stock imbalances for Lopinavir/Ritonavir capsules and Kaletra suspension in Northwestern and Copperbelt provinces which were rectified during the same period. ZPCT IIB pharmacy staff will continue working with MOH staff to ensure that this is normalized in the coming quarter.

- Essential Medicines Logistics Improvement Program: During the quarter under review, supported facilities recorded low stocks of some essential commodities in Central province attributed to delays by MSL in delivering commodities due to stock taking scheduling. The situation is expected to normalize next quarter, to mitigate stock imbalances ZPCTIIB worked collaboratively with MOH and MCD staff to redistribute some commodities. There were overstocks of coartem in some districts of Northwestern province and working with the Principal pharmacist redistribution was facilitated so as to prevent the stock from expiring. The districts under EMLIP were unable to send compiled reports to MSL due to intermittent internet services and therefore other means were instituted to address this challenge. Transport was a major challenge that has affected both the ELIMP and non EMLIP Districts. As such most District pharmacy bulk stores in Northwestern province were still holding on to several months of stock which resulted in Facilities not receiving their drugs on time. MSH will continue to work with the provincial pharmacist and district to ensure facilities are stocked according to plan through the provision of focused technical assistance.
- Guidelines and Standard Operating Procedures: The final draft manual was submitted to FHI360 procurement team to solicit for quotations for typesetting of the pharmacy standard operating procedures and printing of 5,000 copies to distribute to facilities.

2.2: Maintain, expand, and strengthen laboratory services

- This quarter MSH supported 144 laboratories in public health facilities and 25 laboratories in private health facilities, with 131 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. MSH provided support through technical assistance, equipment maintenance, training, and placement of equipment.
- PCR laboratory at Arthur Davison Children's Hospital: Consultative meetings regarding the inconsistent performance of the Cobas Ampliprep Cobas TAQMAN (CAP/CTM 96) at ADCH PCR Laboratory were held with the respective vendor. The vendor indicated the need to work with the manufacturer (Roche) to do a full review of the equipment, which included conducting an Instrument Operation Quantification (IOQ) an activity were quality tests to confirm proper instrument functionality was done. Outcomes of the IOQ indicated the instrument was working optimally but the vendor extended warranty to September 2016 from the original January 2016 due to the regular operational interruptions experienced from installation in January 2015.
- PCR Mansa: The process of engaging prospective vendors and the final selection of an appropriate vendor to undertake installation of a solar power alternative for the Mansa PCR Laboratory was finalized during the quarter. Re-inforcements to the current testing system were also finalized as the appropriate Uninterrupted Power Supply (UPS) system was procured and installed for the DNA extraction unit. In plan is procurement of an identical UPS for the unit responsible for amplification and detection. Installation of the second UPS should be completed by next quarter.
- Provincial PCR Updates.

Kabwe General Hospital: During the quarter the CAP/CTM 48 at KGH was validated for EID and VL; validation data is still under local review pending submission to MoH.

Solwezi General Hospital: Though fully equipped validation for EID and VL has not yet taken place, scheduled for quarter 1 2016. Kasama General Hospital: During the quarter the CAP/CTM 48 at KGH was validated for EID and VL; validation data is still under local review pending submission to MoH.

- Monitoring new PCR Testing processes: During the quarter MSH worked closely with MoH to ensure the availability of VL and EID kits to the provincial PCR testing laboratories. Towards the end of quarter all five provincial labs received EID reagents which had been stocked out for over 4 months, it is expected now that VL and EID testing has commenced in all provincial PCR Laboratories except for Solwezi. This new development will be monitored closely by MSH as PCR testing processes are often characterized with start-up challenges. The withdrawn laboratory scientist who was seconded by MoH to the lab has still not been re-instated, the issue is being actively pursued.
- Internal quality control: During the quarter MSH reviewed equipment monitoring reports generated by the equipment database and modified them to capture all the critical information including internal quality control information on one page. IQC data once generated by the database will be used by provincial and district managers / supervisors to monitor the performance and functionality of equipment and further provide insight into user maintenance practices and their implementation. MSH continued to monitor the use of MoH approved logs but also provided input into enhancing the IQC monitoring process. Outcomes of this will begin to take shape in the next quarter.
- External quality assurance: MSH supported the MoH approved external quality assurance programs as follows:
 - CD4 External Quality Assistance (EQA) Program: MSH continued to review UKNEQAS CD4 EQA feedback reports from enrolled facilities. CD4 absolute and CD4 percentage results continue to be monitored and facilities on average are performing within two standard deviations. MSH proposed corrective actions to facilities that have been performing inconsistently. Performance analysis for CD4 EQA for the period January 2013 to December 2014 has been completed and will provide the basis for focused interventions and corrective actions going forward.
 - HIV EQA Program: During the quarter the National Reference Laboratory shared the HIV Testing Proficiency Panel Distribution Schedule and the first set of panels should be released some time in January 2016. ZPCT IIB will assist with the distribution of panels and will continue to monitor the testing performance of lay testers in the testing corners across all ZPCT supported facilities.
 - Chemistry EQA Program: The Ministry of Health in collaboration with the Biomedical Society of Zambia and the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) introduced during the quarter an external quality assessment scheme in clinical chemistry. ZPCT IIB supported facilities were recruited and received the first cycle of samples in December 2015.
 - 10th Sample Quality Control for HIV testing: During the quarter MSH continued to examine quality control activities in the testing corners and worked collaboratively with CT colleagues to make sure this is regularly done. Evidence of this was verified in the daily activity registers in well over 90% of the HIV testing corners.
- EQA and TB diagnostic activities: TB EQA activities remain largely unchanged as support for it has dwindled with the close out of TB Care. However, TB diagnostic activities at facility level continued during the quarter with TB smear microscopy and Gene Xpert in select facilities providing lab diagnostic services.
- Commodity management: EDTA stock out persisted during the quarter adversely affecting CD4 and VL testing in some provinces. However, in some isolated cases facilities were able to procure tubes from facility allocations while others borrowed supplies from other facilities. MSH advised that the stock out was due to a failed quality check on a consignment that was received during quarter four and that the whole batch was in the process of being sent back to the vendor. Early infant diagnosis PCR

kits were supplied to MSL toward the end of quarter 4 equipping the PRC testing centres with both VL and EID testing capabilities. The management of commodities at facility level continues with the use of bin/stock cards verifying good commodity management practices.

- Equipment Maintenance: The third Capacity Strengthening Equipment Maintenance Training was held during the quarter with the last vendor Biogroup and was followed by an equipment partners review meeting that was attended by all vendors. Also present at this meeting were the ZPCT IIB Provincial Program Officers and the Provincial Laboratory Technical Officers. It is anticipated that as an outcome of these meetings equipment issues will be comprehensively attended to jointly by all stake holders with leadership and accountability be taken up by MoH/GRZ. The proposed period of commencement of joint technical oversight visits was first quarter of year 2016.
- CD4 Point of Care testing - PIMA Functionality: During the quarter the vendor was engaged regarding externalization of results via the external modems. The vendor has indicated that this problem will be attended to through the acquisition of satellite based SIM cards and it is hoped that in the next quarter the challenge will be rectified as it has persisted across two quarters. The quarter was also characterised with breakdowns of five analysers from Central Province and one analyser from the Copperbelt, repairs were promptly attended to and replacement analysers were sent in by the vendor to prevent disruption of services.

2.3: Develop the capacity of facility HCWs and community volunteers

This quarter, ZPCT IIB supported the following trainings:

- ART Commodity Management: A total of 25 HCWs trained in Central Province.
- Adult ART/OI: 35 HCWs trained in Central Province
- Basic CT: 40 Community Cadres trained in North Western and Luapula Provinces.
- eMTCT: 36 Community cadres trained in Luapula Province
- BD Equipment Use and Maintenance: 22 HCWs trained in Central Province
- ASWs Refresher: 23 community volunteers trained in Central Province.
- ASW lay: 49 Community cadres trained in Northern and North Western Provinces
- MC follow up visits were also conducted by surgical society consultants to 42 out of the 45 trained HCWs in Copperbelt (13), Central (9), Luapula (6), Muchinga (6) and Northern (8) respectively.

In addition, in order to facilitate operationalization of the new GRZ consolidated prevention and treatment guidelines, ZPCT IIB supported the orientation of 61 HCWs to these guidelines in two provinces in three-day orientation sessions.

Training Course	Province	Training Dates	Number Trained
ART Commodity	Central	2-6 Nov	25
		Total	25
Adult ART/OI	Central	19 -29 Oct	35
		Total	35
Basic CT Lay	North Western	26 October – 6 November 2015	20
	Luapula	26 October – 8 November 2015	20
		Total	40
eMTCT Lay	Luapula	18 -24 Oct 2015	36
		Total	36

Training Course	Province	Training Dates	Number Trained
Equip Use & Maintenance (BD)	Central	25- 31 October 2015	22
		Total	22
ASW Refresher	Central	16-18 November 2015	23
		Total	23
ASW Lay	Northern	26 October - 7 November 2015	25
	North Western	2-11 November 2015	24
		Total	49
Zambia Consolidated Guidelines	Central	14-16 October 2015	36
	North Western	13-15 October 2015	25
		Total	61

2.4: Support for community volunteers while laying the groundwork for increased sustainability

ZPCT IIB supported 1,405 community volunteers (347 ASWs, 551 HTC Lay counselors and 507 eMTCT lay counselors) this quarter. The volunteers supported participated in various community mobilization activities such as adherence support to ART clients, demand creation for HTC, VMMC, eMTCT, safe motherhood and clinical care services. The volunteers also participated in organizing and commemorating the World AIDS Day which occurs on 1st December. There were 834 volunteers who received their payment using the automated ZANCO Bank XAPIT system, 443 volunteers received their payments by cash and 128 volunteers through Airtel mobile money transfer.

The ZPCT IIB supported community volunteers referred clients to the supported sites as follows:

- **HIV testing and counseling (HTC):** Lay counselors at the ZPCT IIB supported facilities mobilized and referred 28,419 (14,442 females and 13,977 males) for HIV counseling and testing (CT). A total of 22,443 (12,185 females and 10,258 males) reached and accessed services at the facilities.

In addition, eight episodes of mobile HIV testing and counseling outreach was also conducted during World AIDS Commemorations and a total of 7,653 individuals (3,922 females and 3,731 males) received HIV counseling and testing services.

- **Elimination of mother-to-child transmission (eMTCT):** eMTCT volunteers referred clients to access eMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter, 14,071 expectant mothers were referred for eMTCT services and 11,539 accessed the services at the health facilities across the six supported provinces.
- **Clinical care:** The volunteers made referrals to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 8,138 (4,297 females and 3,841 males) were referred for clinical care and 6,769 (3,749 females and 3,020 males) reached the facility and accessed the services.
- **ART:** This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. As a result, ASWs visited and counseled 4,734 HIV positive clients (2,592 females and 2,142 males), and were referred for further management at the supported facilities. A total of 4,093 clients (2,149 females and 1,944 males) reached the facility and accessed the services.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, volunteers mobilized and referred 3,233 males for VMMC at static sites and a total of 1,642 males were circumcised. There was no mobile VMMC conducted in the quarter under review. As a standard practice, all males were tested for HIV before being circumcised.

2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence

In the quarter under review, ZPCT IIB worked with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus was on exploring sustainable partnerships, including through support for the following entities:

- Neighborhood health committees (NHCs): ZPCT IIB engaged seven NHCs in order to expand their role to include demand creation for and referring to VMMC, eMTCT, ART, HTC and other HIV/AIDS services including Option B+. NHCs made referrals to various HIV services such as HTC, eMTCT, VMMC and clinical care. A total of 2,267 (1,126 females and 1,141 males) were referred for various HIV services and 1,211 (580 females and 631 males) reached the facility and accessed the services.
- Community Leaders (Traditional/Religious): In the quarter under review, the project identified and engaged five traditional and five religious leaders as key advocates for HIV prevention, care and treatment in the selected provinces and districts. The project has since engaged 51 traditional and 15 religious leaders since October 2014. The project also engaged these community leaders to advocate against socially contracted norms that hinder their subjects to access HIV/AIDS and family planning services. The leaders helped to mobilize communities for the HIV testing and counseling during the World AIDS Day commemorations.
- People living with HIV/AIDS support groups: This quarter, the project identified and partnered with five groups of the Network of Zambian People Living with HIV/AIDS (NZP+) across the five supported provinces as points for community model to increase ART adherence, retention in care and promote positive health behaviors through Positive Health, Dignity and Prevention (PHDP) intervention. One hundred members, 20 from each group, were trained in key prevention, care and treatment promotion skills to help them contribute to reducing HIV transmission and psychosocial impact of HIV/AIDS.
- Mother support groups: ZPCT IIB continued to facilitate the establishment of mother support groups to promote demand for and retention in eMTCT services among expectant and new mothers. This quarter, the project oriented 21 mother support groups across six ZPCT IIB supported provinces, and provided guidelines to help the groups focus on issues that promote eMTCT, utilization of FP and other appropriate health services.

2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care

ZPCT IIB continued coordinating with the PMOs, DCMOs, District AIDS Task Forces (DATFs) and other partners in the six provinces to improve functionality of district-wide referral networks. This quarter the project supported a total of ten district referral networks and committee meetings out of the 39 supported district referral networks. The districts that were supported are; Kapiri Mposhi, Mkushi, Mpongwe, Luanshya, Mansa, Mwense, Kasama, Luwingu, Mufumbwe and Zambezi. The meetings focused on managing in-coming and out-going community registers; reporting and giving feedback to referring organizations and reviewing district-wide HIV/AIDS service gaps. The project also supported the typing and printing of district referral network manuals; each DRN that was supported received hard and soft copies of DRN manuals, referral registers and service directories.

ENVIRONMENTAL MITIGATION

- During the mobile HTC, the project ensured that the waste was managed according to the MoH and ZPCT II B environmental mitigation policy. At each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal.
- During the HTC implementation process, used needles, and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags.
- After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal in the incinerator under the supervision of a trained health facility staff.

KEY ISSUES AND CHALLENGES

The signing of project extension agreement, from 31st December, 2015 to 31st March 2016, between FHI360 and CARE was delayed. Subsequently, execution of staff employment agreements and implementation of planned activities for this quarter were equally delayed.

Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions

3.1: Joint Assessment and Planning Process

Capacity strengthening activities have been implemented in all the ZPCT IIB supported provinces. These activities include support for clinical mentorship, Quality Improvement, Information Technology, commodity management, service integration and Coordination. The focus of these activities has been to utilize existing GRZ systems and tools with emphasis on strengthening the implementation of these functions including the management capacities to plan for, implement, document, monitoring, and reporting of these activities by the GRZ entities responsible for decentralized HIV related services.

In the fourth quarter, ZPCT IIB staff met with their counterparts in the PMO to have joint planning meetings for a more coordinated programme implementation. The meetings involved data reviews at both provincial and district levels particularly for the lab and Pharmacy components.

The joint implementation of capacity strengthening activities has resulted in more interactions between ZPCT IIB and GRZ staff at all levels as all joint activities have to be preceded by planning and data review meetings. One result has been the realization by GRZ that there is a missed opportunity in not planning with partners. With closer ties with ZPCT IIB, the Provincial Technical Advisor now sits in the Monday morning planning meetings of Kasama DMO to share plans and jointly plan for weekly activities with the DMO.

3.2: Provision of Capacity Strengthening TA and Related Support

ZPCT IIB provided capacity strengthening (CS) TA as follows:

- Equipment maintenance: The Provincial biomedical scientist and provincial medical equipment officers have been supported by ZPCT IIB to conduct site visits for mentorship, equipment maintenance and repair; equipment includes smaller laboratory pieces like beam balance and larger platforms like FACSCount, ABX Pentra C200 and Sysmex pocH 100i in Central Province. Maintenance was also carried out on air conditioners where the PMO staff innovatively salvaged parts from obsolete air conditioners to use as spare parts. Lab equipment functionality was also monitored during these visits. Meetings were also held with PMO staff for the purpose of institutionalization of the laboratory equipment periodic planned maintenance and corrective maintenance programmes. This was integrated into the routine Technical Supportive Supervision visits and plans were made to include it in the annual plans.

In addition to laboratory equipment, IT equipment was also maintained during capacity strengthening activities. ZPCT IIB ICT and M & E staff conducted joint visits with the Senior Health Information Officer from PMO and the District Health Information Officer. Activities included upgrading of SmartCare and maintenance of the system, mentorship of facility staff in Smart Care, mentorship of the DHIO to perform routine computer maintenance and various SmartCare database functions. A reference point manual was also given to the DHIO for the IT tasks in North Western Province.

- Integration of services: ZPCT IIB provincial staff attended PMO and DMO service integration meetings. As part of the meeting, equipment maintenance was discussed with particular reference to more integration between GRZ staff and the ZPCT IIB vendors that ZPCT IIB would facilitate. In addition, plans were made for ZPCT IIB to support quarterly service integration meetings called by the PMO with the districts to discuss the challenges of HIV service integration. This is expected to build the capacity of the PMO to supervise and resolve service integration challenges as well as strengthen

the capacity of PMO and DCMO to review and use service integration data for decision making. The challenges of the whole range of integration as recommended by the national guidelines would be discussed. These are: Voluntary Male Medical Circumcision (VMMC), GBV in HTC, ART, HTC in TB and VMMC as well as Family Planning in HIV service areas including MNCH, TB, ART, eMTCT, and HTC. Joint mentorship visits were also conducted by ZPCT IIB and PMO and DCMO staff to mentor health workers to strengthen service integration and to ensure sustainability. Meetings have been planned to discuss challenges in this area for the fourth quarter.

- **Clinical mentoring and Quality Improvement:** clinical mentoring as part of the capacity strengthening was conducted in all supported provinces using the GRZ model. This involved the use of the national clinical mentorships teams, guidelines and tools. All ZPCT IIB provincial technical staff with various District and Provincial clinical staff were oriented in the GRZ clinical mentorship package including mentoring tools, checklists and reporting tools. In addition, they were oriented in the national Quality Improvement training packages. These orientation culminated into the formation of Clinical Care Teams at both PMO and DMO level as well as use of the national PIA system to formulate QI projects using local data at pilot health facilities with DMO staff. Monitoring of existing QI projects was done with some improvements. One project in one project in New Masala in Ndola to improve checking baseline Creatinine for clients showed an improvement from a baseline of 4.7% to 36% after one quarter of quality improvement interventions. Central province recorded 14 QI projects in 7 facilities that were monitored. One project at Liteta District Hospital where there was 0% use of MOH approved forms for documenting equipment maintenance activities has shown 100% use of MOH forms after 6 months of implementation.

Clinical mentorships were conducted jointly with Clinical Care Team members using GRZ tools in the following areas: Lab, Pharmacy, commodity management, equipment maintenance, ART, eMTCT, Nutrition, TB/HIV, and HTC.FP, VMMC, PEP, new guidelines, and Option B+ and other clinical HIV areas.

- **Commodity management:** Central province piloted a two day commodity management orientation at selected health facilities and feedback was given on how to improve the training materials. In addition, orientation meetings were held with District Pharmacy staff on the GRZ Pharmacy mentorship tool as part of the capacity strengthening activities. One province held Medicine and therapeutics Committee meeting to strengthen rational drug use and pharmacovigilance.
- **Partner coordination:** five of the six supported PMOs were supported to lead partner coordination meetings. In these meetings, partners discussed coordination and collaboration. It is envisioned that with these meetings the PMOs will have more capacity to map and coordinate partners and be able to leverage resources to achieve common goals. Some partners with capacity to support these meetings like First Quantum Minerals offered to support all future meetings as a move towards sustainability.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and Evaluation (M&E)

During this quarter, routine M&E processes were conducted, including detailed cascade analysis of several ZPCT IIB program areas such as TB/HIV, eMTCT, Clinical Care and Male Circumcision. The M&E procedure manual was also revised to include new approaches on how clients on current indicators as well as TB/HIV indicators are being captured at the facility level.

To ensure that all the new community HTC activities are being documented and reported correctly, a community HTC procedures manual was created and rolled out for implementation in all piloting sites.

ZPCT IIB SI/M&E staff collaborated with MOH and other partners by participating in a workshop which discussed and reviewed data collection tools used in male circumcision in order to counter all challenges noted in the National VMMC data audit which was conducted in some selected facilities in the country.

During the quarter, ZPCT IIB participated in the national upgrading of SmartCare to a new version which is 4.5.0.6.

ZPCT IIB conducted a GIS digital mapping exercise for ten selected health facility catchment population areas in Kitwe district of the Copperbelt province including Buchi Main, Kamitondo, Bulangililo, Ipusukilo, Chimwemwe, Ndeke, Mulenga, SOS, ZAMTAN and Luangwa.

Capacity building activities

On-site mentorship was provided to facility staff on the changes in the new SmartCare version as well as orientation to Data Entry Clerks on data management on this new version.

Quality assurance and quality improvement (QA/QI)

During the quarter, ZPCT IIB continued collaborating with MoH through its established QA/QI support systems in the facility, district and province in supporting and monitoring the implementation of quality improvement activities across the six supported provinces. Technical support during this quarter was focused on the following strategies:

Quality Assurance/Quality Improvement Assessments:

ZPCT IIB has been using the newly revised QA/QI tools that reflect the changes in the national ART/PMTCT guideline. The activity was affected by introduction of a new quality improvement model based on the national recommendations and the introduction of new strategies. Therefore during the quarter, the coverage of QA/QI tools was at 50% across all program areas. Below is the distribution of supported health facilities that had QA/QI assessment tools administered to monitor adherence to national standards: 85/190 ART sites, 85/470 clinical care sites, 97/287 TB sites, 30/61 VMMC sites, 170/460 eMTCTsites and 166/470 HTC sites. Additionally during the quarter ZPCT IIB tracked graduation status of sites and districts with reduced project technical support. Plans have been put in place to ensure increased coverage of QA/QI assessment tool administration in at least 85% of supported sites.

Quality Improvement Projects:

ZPCT IIB completed conducting training for field technical staff in the performance improvement approach model in quarter two. During the quarter under review, ZPCT IIB identified 16 supported health facilities with high client volume in which to implement performance quality improvement (QI) projects. The QI thematic areas included retention in care/option B+, Early Infant Diagnosis using DBS and service integration. ZPCT IIB provincial teams will commence submitting QI project status reports during the first quarter of 2016.

Strengthening existing systems for coordinating National QA/QI programming: ZPCT IIB has continued to collaborate with the national QA/QI technical working group at national level. During the quarter under review ZPCT IIB participated in one TWG review meeting.

RESEARCH

1. Manuscripts

During this period under review, ZPCT IIB continued to address comments from peer reviewed journals on the following manuscripts:

- (i) Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
- (ii) Evaluating the effect of mobile health technology (Program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

In addition, ZPCT IIB staff continued to write the following manuscripts:

- (i) Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it increase uptake of FP services.
- (ii) Characterizing Non-IRIS TB Treatment among cART Patients in Zambia

2. Abstracts to regional and international conferences

- (i) An abstract from the manuscript entitled “Characterizing Non-IRIS TB Treatment among cART Patients in Zambia” was presented as a poster at the 46th Union World Conference on Lung Health which was held in Cape Town, South Africa from 2-6 December, 2015.

3. Upcoming operational research studies

The following protocols are still being worked on:

1. Option B+ in Zambia: Uptake, retention in care, mother to child transmission rates and strategies to increase ART enrollment after the operationalization of Option B+.
2. Evaluating the integration screening for chronic medical conditions in HIV services in ZPCT II-supported health facilities.

4. Ethical Approval

The following protocol(s) received approval form FHI360 Protection of Human Subject Committee (PHSC)

1. Assessing the validity of dry blood spot specimens for routine HIV viral load testing in the northern part of Zambia

5. Collaboration with University of Zambia School of Medicine (UNZA SOM)

The collaboration with UNZA SOM has continued in the ZPCT IIB. This partnership allows for ZPCT IIB to engage Master of Public Health (MPH) students from UNZA SOM as interns and provide them with information and financial resources needed to complete their research and dissertations. ZPCT IIB recruited two MPH students (interns). The interns’ proposals were approved by EREs Converge. One of the interns completed his data collection.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT IIB amended and signed 74 recipient agreements (56 DCMOs, 12 general hospitals and six Provincial Medical Offices).

Renovations: 16 out of the 25 ZPCT IIB targeted renovations have been completed and have since been certified. The remaining nine refurbishments that were advertised have since had contracts signed and works have commenced with completion expected in the first quarter of 2016. Another additional nine refurbishments have been identified to be carried out in the costed extension. Tender documents are currently being compiled for these newly identified nine refurbishments.

Mitigation of environmental impact

ZPCT IIB continues to monitor management of medical waste and ensure environmental compliance in all of its supported health facilities as per USAID approved Environmental Mitigation and Monitoring Plan

(EMMP), by ensuring waste is segregated in color code bins, ensuring availability and proper use of sharp boxes, ensuring burning pits and disposal sites are fenced off to prevent scavenging etc.

During the quarter, the project conducted mobile HTC and VMMC in various locations. During the mobile HTC and VMMC, the project ensured that the waste was managed according to the USAID approved Environmental Mitigation and Monitoring Plan (EMMP) by ensuring that at each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal. During the HTC implementation process, used needles and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags. After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal under the supervision of a trained health facility staff.

Procurement

This quarter, ZPCT IIB printed the following: 705, 903 adult and 117,559 pediatric smart care forms, 449, 657 CHC forms, 1800 refill pharmacy cards, 60000 family planning cards, 660 field visit forms and procured 373,100 various color coded stickers.

ZPCT IIB procured various commodities and consumables for the family planning activities including 120 instrument trolleys, 120 dry heat autoclaves and 120 public address systems.

ZPCT IIB procured various commodities and reagents for the PopART study as well. Items for testing hepatitis, HIV/AIDS and pregnancy kits.

Additional equipment procured were two (2) ABX Micros, six (6) ABX Pentra, two (2) clinical chemistry analyzers (C111), five (5) BD Facscount CD4 machines, 103 desktop computers, 103 printers, 104 UPS and 63 air conditioning units.

The air conditioning units were installed during the quarter; however the remainder of the items will be distributed to the provincial sites as and when deliveries are made from the vendors.

Human Resources

Training and Development: ZPCT IIB staff attended trainings this quarter.

- Teaching Methodology
- Microsoft Excel for Finance Modelling
- Purchasing and Stores Management
- Supervisory skills, Team Building and conflict Management
- Training in Sexual Reproductive Health

Information Technology

SmartCare upgrade from version 4.5.0.5 to 4.5.0.6. was the main activity during the reporting period. The new version of SmartCare was designed to greatly improve the quality of reports and provide additional modules which were not in the previous versions. The upgrades were completed successfully except for three facilities which were omitted from the list in Northern Province. The three facilities will be completed in the next quarter.

The initial network installations for model sites on the Copperbelt province started and Roan Hospital, Nchanga North hospital, Kakoso and Lubuto clinics were completed. The remaining model sites will be completed in the following quarter following recipient amendments to include additional sites for networking.

In all ZPCT IIB offices user file migrations to OneDrive for business has been completed for enhanced data safety in case of hardware losses or failure. OneDrive for business is a cloud based user data storage service which is sold as part of the Microsoft office 365 suite which was implemented earlier in the year.

Unstable power supply remained a challenge especially in the Northern and Luapula provinces. Installation of new generators at these offices reduced network downtimes considerably.

Finance

- Pipeline report: The cumulative obligated amount is \$34,900,000 out of which ZPCT IIB has spent US\$24,031,632 as at December 31, 2015. The total expenditure to date represents 77% of the cumulative obligation. Using the current burn rate of US\$1,716,545. This expenditure is expected to increase in the next quarter when we receive invoices from our subcontractors. Recently, all PMO recipient agreements with the GRZ/MOH have undergone amendment and have been signed by the GRZ/MOH. Trainings in the field have continued in all six Provinces.

- Reports for Oct - Dec 2015:

FHI360 submitted five Invoices (SF1034), for the deliverables (nine and thirteen through sixteen) as per contract payment schedule.

- Trainings and Financial reviews during the quarter

The finance and compliance team conducted financial supervisory reviews for the Copperbelt, Luapula, Northern and North-Western Provinces during the quarter under review.

KEY ISSUES AND CHALLENGES

National-level issues

- **Laboratory commodity stock-outs:** EDTA stock out was the most striking feature on the commodity scene during the quarter and adversely affected full blood count, CD4 and viral load testing generally. This was attributed to the whole batch of containers received at Medical Stores Limited during the quarter failing quality checks. Pentra C 200 chemistry reagents and controls were stocked out together with ABX Micros controls. Fortunately some sites were adequately stocked with reagents for the humalyser and the Sysmex Poch 100i and were able to continue with relatively little disruptions except for the manual intensiveness of the chemistry back-up the Humalyser 2000.
- **SmartCare Integrated Pharmacy Module:** The placement of two systems that both have a dispensing module was viewed as a challenge on users at some facilities to enter identical data into both systems. This necessitated discussions to create an interface to link both systems. The resolution to consider making the two systems interoperable were still under discussion and required further deliberations. .
- **ARV Stock Imbalances:** The following commodities were not stocked according to plan (either overstocked or understocked) at national level during the quarter under review – Abacavir/Lamivudine FDC, Nevirapine 200mg tab, Zidovudine/Lamivudine FDC, lamivudine 150mg tab, Stavudine/Lamivudine FDC, Tenofovir 200mg and 300mg tabs, Zidovudine 300mg tab, Tenofovir/Lamivudine/Efavirenz FDC and Atazanavir/Ritonovir. This resulted in isolated stock imbalances at some service delivery points.
- **Equipment functionality:**
 - *Humalyzer 2000 chemistry analyzers:* During the quarter functionality of this platform was generally stable across all provinces and in some facilities is now acting as a back up analyser. MoH have began placing the Cobas C111 which is a fully automated chemistry platform designed for low throughput centres. This analyser is steadily replacing the humalyser as the main chemistry analyser in some district labs.

- *FACSCount CD4 machines*: The quarter experienced stability as all analysers were functional breakdowns were resolved at facility level and some were resolved by recently trained provincial medical equipment officers.
- *FACSCalibur*: Assessments have revealed that users are not keen on using the platform because of the absence of sample loaders. This state of affairs reduces the equipments throughput significantly almost equating it to the FACS Count throughput. In plan is the procurement of sample loaders that will enhance the performance of the analyser and ease on sample processing for staff.
- *ABX Micros haematology analyzers*: The performance of this robust platform across ZPCT IIB supported facilities has been stable, breakdowns have been attended to within a three week time frame
- *ABX Pentra C200*: Generally stable performance experienced through the quarter across all provinces.
- *Sysmex poch 100-i*: No major incidents were reported during the quarter.

ZPCT IIB Programmatic Challenges

▪ Specimen referral for CD4 count assessment

During the quarter 8,438 samples were referred for CD4 testing to 169 laboratories. The nationwide stock out of EDTA containers adversely affected referral activities, though some facilities procured containers from local budgets and to a some extent were able to sustain referrals. It is hoped that next quarter the stock situation at MSL will resolve, meanwhile ZPCT will facilitate the delivery of containers to the hardest hit areas through expedited deliveries when MSL is stocked.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (October – December 2015)	Travel plans for Next Quarter (January – March 2015)
<ul style="list-style-type: none"> ▪ Jossen Masedza, Tikhazi Nonde, Musenge Matibini, Geoffrey Mutaawe and Prisca Kasonde travelled to Harare, Zimbabwe to attend the 18th International Conference on AIDS and STI in Africa (ICASA) from 28th November to 5th December 2015 ▪ Given Chisanga and Patrick Katayamoyo travelled to Cape town, South Africa to attend the Union Meeting for TB. Catherine Mwale, Patrick Katayamoyo, Patrick Makelele, and Bosco Mukanyimi travelled to Harare in Zimbabwe to attend to the 9th International Workshop on HIV treatment, Pathogenesis and Prevention Research in Resource-Limited settings from 4th -8th May 2015. 	<ul style="list-style-type: none"> ▪ Thierry Malebe and Mrs Alphida Suya will be traveling to Indonesia to attend the 4th international conference on family planning from 23rd to 29th January 2016. ▪ Helena Walkowiak – Senior Principal Technical Advisor for Pharmaceutical Services at MSH ▪

ANNEX B: Meetings and Workshops this Quarter (Oct. – Dec., 2015)

Technical Area	Meeting/Workshop/Trainings Attended
HTC/eMTCT	27th October 2015: ADH Technical Working Group meeting at MCDMCH. The purpose was to get presentations and updates on ADH activities being done by partners CRHE, Sport in Action, GIZ and SARAI PROJECT gave presentations on activities done.
	24th November 2015: Dissemination meeting on teenage pregnancy fact finding mission and technical working group meeting in the afternoon. Held at Southern Sun Hotel. It was shared that teenage pregnancy is still on the increase.
	8th December 2015: High level breakfast meeting at Ruddson Blu Hotel in Lusaka The purpose was to share the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (ESA) 8th to 11th December : Adolescent Health Technical Working Group (ADH) Annual Review and Planning Retreat for the year 2016 at Zambezi Resource Lodge in Kabwe. ESA commitment and ADH proposed activities were included in the strategies for 2016/2017. Sub-committees were formed.
Laboratory	October 25 – 1 November, 2015: Equipment Partner Capacity Strengthening MSH attended the third and final Equipment Capacity Strengthening Training with Biogroup. This was held in Kabwe and exhaustively reviewed all the equipment supplied by BIOGROUP.
	November 09 – 14, 2015: Equipment Capacity Strengthening Review Meeting 2015 MSH attended the final review meeting between equipment vendors BIOGROUP, Scientific Group and Becton Dickinson, provincial medical equipment officers provincial biomedical scientists and ZPCT IIB Senior Programs Officers. The meeting was held in Mansa and comprehensively reviewed strategies to make equipment functionality more stable and sustainable.
	December 16 – 18, 2015: National ART Update Meeting MSH Laboratory and Pharmacy teams attended the National ART Update Meeting hosted by the Ministry of Health and supported by co-operating partners. The meeting was held in Lusaka and MSH presented on the PIMA Point of Care Analyser.
Pharmacy	October 14 – 15, 2015: eHEALTH Conference The Ministry of Health embarked on enhancing the National eHealth Strategy, through the strengthening of the health information building blocks, as outlined in the current National Health Strategic Plan. The goal was to create a detailed inventory of systems existing and provide an opportunity to lay down standards and protocols for interoperability of the various platforms, discuss sustainability issues and identify in country capacity to develop, leverage and support technologies in the health sector.
	October 14, 2015 National Supply Chain Management Coordinating Meeting The Ministry of Health in collaboration with Cooperating Partners held a meeting to discuss commodity management issues in the supply chain system to ensure increased access to essential medicines and medical supplies
	November 16 – 2-, 2015: Medical Stores Limited Catalogue/Standardization Meeting MSL with support from UNICEF was mandated by MOH to review the 2013 MSL catalogue in a bid to standardize all products. The objective of the meeting was to realign all products stocked at MSL so as to enhance access to health commodities by service delivery points and to improve handling efficiency in the supply chain.
	December 7, 2015: National Stakeholders meeting on Rational Drug Use Study MOH with support of the World Bank intend to commission a National Medicines Use Study aimed at describing current patterns of Drug Use in health facilities in both the public and private sectors in Zambia. The objective of this meeting was to share information on the planned study and ensure adequate participation by all stake holders.
Capacity Strengthening	October 19 - 30, 2015 Clinical mentorship Orientation meetings– Luapula and Copperbelt provinces The Capacity Building Senior Advisor attended the Luapula and Copperbelt provinces Clinical mentorship meetings. During the visits, the Advisor met with the Provincial Programme Managers (PPMs) to explain the purpose of the trip. This included discussions on the CS activity schedule and their role in oversight of all provincial CS activities while the Provincial Technical Advisor (PTA) had technical oversight for most CS activities. Prior arrangements were made with the PTAs to arrange for visits to the district facilities and the PMO to explain about CS activities. In Mansa, the CCS (Acting PMO) was visited and the CS activities shared with him.

Technical Area	Meeting/Workshop/Trainings Attended
	<p>Meetings were then held with the ZPCT IIB staff to share a common understanding of the expectations of the CS program. These included the activities for the provinces to implement. Concerns about the duration of mentorship affecting their ability to do their regular TA to all the facilities. It was clarified that the two days mentorship would only be done in one selected facility in each pilot district and the routine TA would continue as usual. It was also explained that the mentorships needed to be jointly done with GRZ mentors and preceded by a data review meeting to identify areas of mentorship. The staff also needed to encourage the GRZ mentors to document the mentorship encounters and report these mentorships.</p> <p>Staff were oriented in the GRZ clinical mentorship training package. This included the teaching moments and qualities of a mentor and mentee which included knowledge and expertise in the relevant field in order to be a mentor. Teaching techniques were also discussed. These included bedside, side by side as in a clinic setting, case presentations as well as case studies. Coaching techniques were reviewed and composition of the clinical care teams at national, provincial and district levels were reviewed.</p> <p>Field work to put in practice what was learnt was done in a local facility in Ndola. This helped to cement the knowledge and to get feedback from mentees on the process. The process was appreciated and the mentees all spoke of how more time was given allowing them more time to ask questions and for them to understand the concepts better.</p>
Community Mobilization and Referral Network	<p>14th -18th December: Kitwe Unit Planning meeting: The purpose of the meeting was to clarify the role of the community mobilization and referral strengthening team in the ZPCT II Bridge project in the CARE ZPCT IIB Team. The specific objectives of the meeting were: to build a common understanding of the objectives, strategies, and deliverables of each activity in the ZPCT II Bridge (costed extension work plan); develop clarity for each provincial team on how each planned activity will be implemented; Develop provincial level work plans and budgets for the period December 1, 2015 to March 31, 2016.</p>
SI	<p>November 9th to 13th, 2015 National Adult and Paediatric ART Program Outcome and Impact Evaluation. ZPCT IIB participated in the data analysis workshop for NAPOIE</p> <p>December 20-24,2015 National VMMC M&E DataTools Review workshop: <i>Livingstone:</i>ZPCT IIB participated in the workshop that was designed to review national VMMC Data collection tools.Key objectives of the exercise were to review the data collection tools in order to strengthen the quality of data collected at facility level</p>
QAQI	<p>November 10, 2015 <i>National QI TWG meeting at MoH Board Room:</i> ZPCT IIB participated in this meeting that was designed to update implementing partners on the scale up plan for the performance improvement approach through training of provincial trainers of trainers at all provincial hospitals, Status of the QI national guideline that will be printed with support of HIVQual project and need for partners to support provincial QI review meeting such as the one convened in Northern province. The meeting also implored all implementing partners to ensure that they establish atleast on QI project that should be presented at national level.</p>

ANNEX C: Success Story

Active male involvement saving children's lives

With the support of PEPFAR, fhi360 has partnered with the Ministry of Health to engage men in the prevention of mother-to-child transmission (PMTCT) of HIV in Zambia since 2005. Since inception of the Zambia Prevention Care and Treatment project in 2005, a total of 490,232 couples have benefited from couple counselling and PMTCT services offered through project supported health facilities. In 2014, Donald Kawisha, 40 decided to be proactive and encouraged his wife Muzata Kutemba, 32 to seek such services from Chiyeki Rural Health Centre (RHC) in Chavuma District in North Western Province.

The RHC is one of 400 health facilities supported by PEPFAR through ZPCTII. All government facilities actively promote constructive male engagement in order to increase use of eMTCT Services and as per Government guidelines, all pregnant women are encouraged to attend their ante-natal appointments with their partners and to test for HIV as a couple in order to facilitate joint decision making about how to reduce risk of mother to child transmission, and about treatment, care and support.

After Donald and Muzata got married in 2013, they both had long periods of ill health; however, when Mr. Kawisha received information from Chiyeki Rural Health Centre regarding the health services that are offered, he convinced his wife who was expecting for them to visit the health centre to seek medical attention together.

The couple attended ANC where they received counseling and were tested together in January 2014. They both tested HIV positive, and had their CD4 counts done, were provided with their results and immediately initiated on ART. *"The burden is lighter now that we know our status and we have been counselled on how to live a positive normal life despite being HIV positive,"* says Muzata. *"We are now confident, appreciate the services we are getting and believe that care must start before the baby is born."* adds Muzata. The couple have beautiful twins that were born

HIV free.

Since their initiation on treatment the couple speak openly about their HIV status and encourage other couples to attend ANC visits and to be tested together. *"Attending ANC visits together gives a good picture, builds the love and confidence among couples"* says Muzata.



ANNEX D: Activities Planned for the Next Quarter (Jan. – Mar., 2016)

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).				
1.1: HIV testing and counseling (HTC) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in HTC courses.	x	x	x
	Monitor the community based HTC activities that have been implemented (Door to door and patient index) in 14 selected sites, ensure escorted referral of all clients testing HIV positive to the health centre, with a written slip.	x	x	x
	Escort clients who tested HIV-positive from HTC corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for HTC clients testing HIV negative by giving them the review cards, and tell them the benefits of re-testing three months after the first test and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen HTC services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen routine child HTC in all under five clinics, and in the children’s laying in wards	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of HTC services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes.	x	x	x
	Strengthen implementation of PHDP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented HTC in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine HTC to FP, TB, MC and other services with timely referrals to respective services.	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile HTC for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile HTC for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including eMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x
	Strengthen integration of gender into HTC programming during HTC courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within HTC setting	x	x	x
	Strengthen the use of community eMTCT counselors to address staff shortages	x	x	x
1.2: Elimination of mother-to-child transmission (eMTCT) services	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/eMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant three months after the initial test, and 32 weeks and thereafter (women in third trimester) with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	x
	Operationalize and strengthen the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ as part of eMTCT strategies	x	x	x
	Orient facility staffs on B+ option and ensure implementation at all facilities.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Scale up support of FP equipment for LARCs services in 120 sites		x	x
	Training of more HCWs in provision of LARCs services		x	x
	Procure point of service hemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	supporting youth-targeted HTC and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use			
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PHDP within eMTCT services for those who test positive through training using the PHDP module in the eMTCT training as well as incorporating PHDP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen correct and accurate documentation of services in supported facilities	x	x	x
	Continue working with eMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	expectant mothers for deliveries at health facilities			
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote positive health dignity prevention with positives.	x	x	x
1.3: Antiretroviral Therapy	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs, palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct full ASW refresher training	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	x
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
1.4: Clinical palliative care services	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of Post Exposure Prophylaxis (PEP) activities in all supported facilities	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCT IIB supported sites	x	x	x
1.5: Scale up voluntary medical male circumcision (VMMC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 56 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
	Train 56 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Develop plan for post-training follow up and on-site mentoring all 56 trained HCWs staff by SSZ in all six provinces for the	x	x	x
	Develop and print VMMC Standard Operational Procedure Manual & Job Aids for all 56 MC sites	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: Increase emphasis on MC as an HIV prevention tool as part of couple counseling in CT/eMTCT (with referrals for all HIV-negative male partners).	x	x	x
	Continue to enhance core VMMC services: Improve reach by tailoring interventions based on age group and geography (e.g., procuring tents for MC outreach activities in areas with inadequate infrastructure), improve demand creation for static service delivery through specialized volunteer educators to promote MC within health center catchment areas; strengthen existing systems for coordinating MC programming at provincial/district levels	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	
1.6: TB/HIV services	TB/HIV integration by supporting and improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Strengthen implementation of the “3 Is” approach	x	x	x
	Support TB Presumptive register post intensified case finding of TB	x	x	x
1.7: Population	Monthly visitations by Implementation Coordinator and Data Manager to the six	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071	PopART sites to monitor implementation of activities. Weekly visitations by the PopART Technical Officer to the six health facilities to provide technical support and ensure that ART/MC/Option B+/TB/STI services run without interruptions.			
	Provide continued support for client enrollment/follow up activities and strengthen provision of quality HIV/AIDS services as recommended by the ART National Guidelines and PopART Study protocol.	X	X	X
	Continue to collaborate with ZAMBART and other implementing partners (MOH, MCDMCH) to improve client linkages from communities to health facilities for care.	X	X	X
	Continue to integrate HCWs and community volunteers to participate in the ZPCT IIB planned trainings	X	X	X
	To support the startup works for the implementation of one TB QI project at either Chipokota Mayamba or Chimwemwe H.Cs.	X	X	X
	With the coordination of the PopART technical officer, each of the six PopART sites will hold at least one clinical meeting in the coming quarter.			
1.8: Public-private partnerships	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	X	X	X
	Continue the roll-out of Option B+ in eMTCT services	X	X	X
	Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); FP referrals		X	
	Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs strengthen implementation of the "3 Is" approach	X	X	X
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery; administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	X	X	S
Gender	Backstop GBV trainings in three ZPCT IIB supported provinces		X	X
	Participate in preparatory meetings for commemorating the International women's day	X	X	
	Provide leadership for development of success stories on gender integration in HIV service delivery	X	X	X
Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.				

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
2.1: Maintain, expand and strengthen pharmacy services	Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering, and procuring ARVs and other HIV and AIDs related medicines and medical supplies to avert stock imbalances	x	x	x
	Support to the MoH pharmacy mentorship program and implementation of the model sites mentorship program	x	x	x
	Support commodity inventory management systems, storage specifications, and commodity security	x	x	x
	Provide ongoing technical oversight to provincial pharmacy technical officers including new staff	x	x	x
	Support the provision of and promoting the use of more efficacious regimens for mothers on the eMTCT program	x	x	x
	Support roll out and implementation of SmartCare integrated pharmacy database for management of medicines and medical supplies and facilitate at the SmartCare essentials trainings	x	x	x
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	Participate in the pharmacy components of the PopART pilot study in selected ZPCT IIB supported pilot sites	x	x	x
	Support the compilation of the reviewed commodity management training package	x	x	x
	Participate in national quarterly review for ARV drugs for ART and eMTCT programs	x		
	Build capacity of community volunteers in dispensing practices to promote ART adherence and retention in care	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
2.2: Maintain, expand and strengthen laboratory services	Strengthen and expand the specimen referral system for dried blood spots, CD4, and other baseline tests in supported facilities	x	x	x
	Coordinate and support the installation of laboratory equipment procured by ZPCT IIB in selected sites	x	x	x
	Promote the use of new guidelines for both ART and PMTCT in line with MOH and MCDMCH guidance	x	x	x
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	x
	Support the dissemination of guidelines for laboratory services.	x	x	x
	Monitor roll out of equipment and commodity database	x	x	x
	Monitor and strengthen the implementation of the CD4 and chemistry EQA testing program .	x	x	x
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	Finalisation and implementation of the viral load study using DBS (ADCH and Scaled up National)	x	x	x
	VL testing at ADCH PCR Laboratory	x	x	x
	Support roll out of VL & EID testing at provincial laboratories	x	x	x
	Roll out automated EID testing at ADCH	x	x	x
	Pilot and roll out the equipment database	x	x	x
	Monitor PIMA functionality and assess impact	x	x	x
	Provide laboratory based support for the Option B+ program	x	x	x
	Support LIS implementation at NCH	x	x	x
	Attend National Quantification meetings	x	x	x
2.3: Develop the capacity of facility HCWs and community volunteers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management.	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
	Train HCWS in the New Consolidated Guidelines	x	x	x
2.4: Support for community volunteers while laying the groundwork for increased sustainability	Payment of transport refunds for community volunteers	X	X	
	Support community outreach by community volunteers to create demand for HTC, VMMC, eMTCT, safe motherhood and clinical care services	X	X	
	Support volunteer in the implementation of door to door and patient index HTC	X	X	
2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence	Work with NHCs to promote demand for HTC, VMMC, eMTCT, and ART	X	X	
	Work with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT	X	X	
	Identify and work with groups of PLWHA to promote community ART dispensing .	X	X	
	Facilitate the establishment of Mother Support groups to promote demand for and retention in eMTCT services among expectant mothers	X	X	
2.6: Strengthen district-based referral networks that link facility and community	Work with MCDMCH and DATFS to promote strengthening of district referral network.	X	X	

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
services in a comprehensive continuum of care				
2.7: Project close out			X	X
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	work with MCDMCH and DATFS to promote strengthening of district referral network .	x	x	x
Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions				
3.2: Provision of Capacity Strengthening TA and Related Support	Meeting (3 days) for pre-service HIV related training involving both health ministries and some institutions of higher learning.		x	
	Share training data bases and for trainers with both ministries and all PMOs and DCMOs	x	x	x
	Orientation meetings to form, support and strengthen Muchinga Provincial Clinical Care Team (PCCT) and District Clinical Care Team (DCCTs)	x	x	x
	Provide financial support for integrated monthly mentorship/QI meetings (Nakonde and Mwinilunga) and TA in the effective planning, coordination of implementation, monitoring and evaluation of the existing GRZ clinical mentoring and QI program	x	x	x
	Strengthen and support integrated clinical mentorship/ QI visits in HIV related clinical areas (ART/Option B), Quality Improvement (QI), Lab, Pharmacy, Equipment maintenance and OrgCap elements (finance, Human Resources, governance and planning). These will be combined visits using GRZ materials, local - within the DCMO locality.	x	x	x
	Strengthen and support integration of mentorship in QI in 10 pilot districts (combined mentorship/QI meetings, combined visits using GRZ materials, local - within the DCMO locality	x	x	x
	Hold monthly meetings with DCMO teams to discuss motorbike maintenance and share lessons learnt from northern province districts for replacement of Chinese motorbikes with stronger models.	x	x	x
	On Job Training for 3 days in Performance Improvement Approach Framework (PIA), 5S, GRZ mentorship and QI monitoring and reporting tools and ART QA/AI tool to use as ART quality self-assessment; problem identification tool for potential QI projects and project monitoring tools in one ART site in one pilot district/ province	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	Orientation (OJT) and mentorship in Data Quality Assessments and Data use with emphasis on HIV services related data.	x	x	x
	Provide some financial support for the national QI TWG and conference.	x	x	x
	Develop training package for IT troubleshooting and maintenance for DHIOs in pilot districts.	x	x	x
	Conduct orientation training for District Health Information Officer (DHIOs) in all pilot districts to pilot IT maintenance training package	x	x	x
	Provide 3 day mentorship to GRZ DHIOs in new training package by Provincial ZPCT Helpdesk Officers (HDO). Conduct joint visits (ZPCT HDO with GRZ DHIOs) to facilities as part of mentorship visits.	x	x	x
	Support Kabwe and Ndola DRNs to strengthen capacity to coordinate HIV services at district level.	x	x	x
	Support action planning including data use for planning in pilot DCMOs to ensure Service integration and HIV activities (including QI and Mentorship) adequately planned for and included in the GRZ plans and budgets.	x	x	x
	Support initial PMO partners coordination meetings in each province (quarterly) with two DCMOs represented in each meeting.	x	x	x
	Cost Effectiveness Analysis for mentorship models: ZPCT IIB model sites and GRZ mentorship model.		x	x
Strategic Information - M&E and QA/QI				
SI	Conduct QI training for MCDMCH staff and ZPCT IIB technical Officers	x		x
	Conduct DHIS2 training for MCDMCH staff and ZPCT IIB technical Officers as well as Data Entry Clerks		x	
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			x
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Provide on-site QA/QI technical support in two provinces	x	x	x
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities	x	x	x
	Conduct M&E Data quality Assessments in all six provinces			x
	Provide technical support to SmartCare in conjunction with MOH and other partners (Testing of new software)	x	x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	x
	SI unit participation in the SmartCare national training for the national upgrade and rollout of the new version to all facilities.	x	x	x
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	x

Objectives	Planned Activities	2016		
		Jan	Feb	Mar
	Approval of contracts for new renovations for the ZPCT IIB	x	x	x
	Delivery of equipment and furniture to ZPCT IIB supported facilities		x	x
Finance	FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners	x	x	x
HR	Recruitment of staff to fill vacant positions	x		
IT	IT Unit meeting	x		
	Facility Network Installations in five provinces	x	x	x
	Test and start using the Airtel link to facilities using dongles		x	X
	Conduct IT inventory updates	x	x	x
	Dismount old VSat and Radio equipment in Kasama Mansa Solwezi and Kabwe.	x	x	x
	Azure Backup implementation, Ndola Kabwe, Kasama, Mansa and Solwezi		x	

ANNEX E: ZPCT IIB Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kabwe	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwela HC	Rural		◆	◆	◆		◆	
Mkushi	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆	◆	⊙
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Nkumbi RHC	Rural		◆	◆	◆			
	24. Musofu RHC	Rural							
Luano	25. Chikupili HC	Rural		◆	◆	◆		◆	
	26. Coppermine RHC	Rural		◆	◆	◆			
	27. Old Mkushi RHC	Rural	◆	◆	◆	◆			
	28. Kaundula	Rural		◆	◆	◆			
Serenje	29. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	30. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	31. Chibale RHC	Rural		◆	◆	◆		◆	
	32. Muchinka RHC	Rural		◆	◆	◆		◆	
	33. Kabundi RHC	Rural		◆	◆	◆		◆	
	34. Chalilo RHC	Rural		◆	◆	◆		◆	
	35. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	36. Mulilima RHC	Rural		◆	◆	◆		◆	
	37. Gibson RHC	Rural		◆	◆	◆			
	38. Nchimishi RHC	Rural		◆	◆	◆			
	39. Kabamba RHC	Rural		◆	◆	◆			
	40. Mapepala RHC	Rural		◆	◆	◆		◆	
Chibombo	41. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	42. Chikobo RHC	Rural		◆	◆	◆		◆	
	43. Mwachisompola D Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	44. Chibombo RHC	Rural		◆	◆	◆		◆	⊙
	45. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Mungule RHC	Rural		◆	◆	◆		◆	
	47. Muswishi RHC	Rural		◆	◆	◆		◆	
	48. Chitanda RHC	Rural		◆	◆	◆			
	49. Malambanyama RHC	Rural		◆	◆	◆		◆	
	50. Chipeso RHC	Rural		◆	◆	◆		◆	
	51. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	53. Malombe RHC	Rural		◆	◆	◆		◆	
	54. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	55. Shimukuni RHC	Rural		◆	◆	◆		◆	
	56. Keembe RHC	Rural							
	57. Muntamba RHC	Rural							
<i>Kapiri Mposhi</i>	58. Kapiri Mposhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	59. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	60. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	61. Chibwe RHC	Rural		◆	◆	◆		◆	
	62. Lusemfwu RHC	Rural		◆	◆	◆		◆	
	63. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	64. Mulungushi RHC	Rural		◆	◆	◆		◆	
	65. Chawama UHC	Rural		◆	◆	◆		◆	
	66. Kawama HC	Urban		◆	◆	◆		◆	
	67. Tazara UHC	Rural		◆	◆	◆		◆	
	68. Ndeke UHC	Rural		◆	◆	◆		◆	
	69. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chankomo RHC	Rural		◆	◆	◆		◆	
	71. Luansimba RHC	Rural		◆	◆	◆		◆	
	72. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	73. Chipeco RHC	Rural		◆	◆	◆		◆	
	74. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	75. Chilumba RHC	Rural		◆	◆	◆		◆	
<i>Mumbwa</i>	76. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙
	77. Myooye RHC	Rural		◆	◆	◆			
	78. Lutale RHC	Rural		◆	◆	◆			
	79. Nambala RHC	Rural		◆	◆	◆			
	80. Kamilambo RHC	Rural	◆	◆	◆	◆			
	81. Chiwena RHC	Rural		◆	◆	◆			
	82. Kamilambo RHC	Rural							
<i>Itezhi Tezhi</i>	83. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	84. Masemu UC	Rural		◆	◆	◆	◆		
	85. Kaanzwa RHC	Rural		◆	◆	◆		◆	
	86. Nasenga RHC	Rural		◆	◆	◆			
	87. Lubanda RHC	Rural							
<i>Ngaabwe</i>	88. Mukumbwe RHC	Rural		◆	◆	◆			
Totals			26	79	79	79	28	50	10

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site

● ¹ MC services initiated	3 = Referral laboratory for CD4
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Note: Grey shaded are new ZPCT IIB sites

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. ADCH	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	5. Chipokota Mayamba	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⊙
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
	21. Masala Main	Urban							
<i>Chingola</i>	22. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	24. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	25. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙
	26. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	27. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	28. Kasompe Clinic	Urban		◆	◆	◆		◆	
	29. Mutenda HC	Rural		◆	◆	◆		◆	
	30. Kalilo Clinic	Urban		◆	◆	◆		◆	
<i>Kitwe</i>	31. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	32. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	34. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	35. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	36. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	37. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	38. Twatasha Clinic	Urban		◆	◆	◆		◆	
	39. Garnatone Clinic	Urban			◆	◆		◆	
	40. Itimpi Clinic	Urban		◆	◆	◆		◆	
	41. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	42. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	43. Kwacha Clinic	Urban		◆	◆	◆		◆	
	44. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	45. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	46. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	47. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	48. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙
	49. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	50. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	51. Mwekera Clinic	Urban		◆	◆	◆		◆	
	52. ZNS Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	53. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	54. Buchi Small	Urban							
Luanshya	55. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	56. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	57. Mikomfwa HC	Urban		◆	◆	◆		◆	
	58. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	59. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	60. Mikomfwa UC	Urban		◆	◆	◆		◆	
	61. Section 9 Clinic	Urban		◆	◆	◆		◆	
	62. New Town Clinic	Urban		◆	◆	◆		◆	
	63. Fisenge UHC	Urban		◆	◆	◆		◆	
Mufulira	64. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	65. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	66. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	67. Kansunswa HC	Rural		◆	◆	◆		◆	
	68. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	69. Mokambo Clinic	Rural		◆	◆	◆		◆	
	70. Suburb Clinic	Urban		◆	◆	◆		◆	
	71. Murundu RHC	Rural		◆	◆	◆		◆	
	72. Chibolya UHC	Urban		◆	◆	◆		◆	
	73. Buteko Clinic	Urban							
Kalulushi	74. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	75. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	76. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	77. Chati RHC	Rural		◆	◆	◆			
	78. Ichimpe Clinic	Rural		◆	◆	◆			
	79. Kalulushi Township	Urban							
Chililabombwe	80. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	81. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
Lufwanyama	82. Mushingashi RHC	Rural		◆	◆	◆		◆	
	83. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	85. Nkana RHC	Rural		◆	◆	◆		◆	
	86. Lufwanyama DH	Urban	◆	◆	◆	◆			
Mpongwe	87. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙
	88. Mikata RHC	Rural		◆	◆	◆		◆	
	89. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	90. Kalweo RHC	Rural		◆	◆	◆		◆	◆
Masaiti	91. Kashitu RHC	Rural		◆	◆	◆		◆	
	92. Jeleman RHC	Rural		◆	◆	◆		◆	
	93. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	94. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			43	87	89	89	42	65	17

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chiengi</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆			
	5. Lunchinda RHC	Rural		◆	◆	◆			
	6. Sambula RHC	Rural		◆	◆	◆			
	7. Chiengi DH	Rural	◆	◆	◆	◆			
	8. Kalembe RHC	Rural							
	9. Mwabu RHC	Rural							
<i>Kawambwa</i>	10. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Kawambwa HC	Rural		◆	◆	◆		◆	
	12. Mushota RHC	Rural		◆	◆	◆		◆	
	13. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	14. Kawambwa Tea Co RHC	Urban		◆	◆	◆		◆	
	15. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mwansabombwe</i>	16. Mbereshi Mission Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	18. Lubufu RHC	Rural							
	19. Salanga RHC	Rural							
<i>Chembe</i>	20. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	21. Chipete RHC	Rural		◆	◆	◆		◆	
	22. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	23. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	24. Lukola RHC	Rural		◆	◆	◆			
<i>Mansa</i>	25. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	26. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	27. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	28. Matanda RHC	Rural		◆	◆	◆		◆	
	29. Buntungwa RHC	Urban		◆	◆	◆		◆	
	30. Chisembe RHC	Rural		◆	◆	◆		◆	
	31. Chisunka RHC	Rural		◆	◆	◆		◆	
	32. Fimpulu RHC	Rural		◆	◆	◆		◆	
	33. Kabunda RHC	Rural		◆	◆	◆		◆	
	34. Kalaba RHC	Rural		◆	◆	◆		◆	
	35. Kalyongo RHC	Rural		◆	◆	◆			
	36. Katangwe RHC	Rural		◆	◆	◆			
	37. Luamfumu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	38. Mabumba RHC	Rural		◆	◆	◆		◆	
	39. Mano RHC	Rural		◆	◆	◆		◆	
	40. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	41. Mibenge RHC	Rural		◆	◆	◆		◆	
	42. Moloshi RHC	Rural		◆	◆	◆		◆	
	43. Mutiti RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	45. Ndobha RHC	Rural		◆	◆	◆		◆	
	46. Nsonga RHC	Rural		◆	◆	◆		◆	
	47. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	48. Lubende RHC	Rural		◆	◆	◆			
	49. Kansenga RHC	Rural		◆	◆	◆			
<i>Milenge</i>	50. Mulumbi RHC	Rural		◆	◆	◆		◆	
	51. Milenge East 7	Rural	◆ ²	◆	◆	◆	◆		
	52. Kapalala RHC	Rural		◆	◆	◆			
	53. Sokontwe RHC	Rural		◆	◆	◆			
	54. Lwela RHC	Rural		◆	◆	◆			
<i>Chipili</i>	55. Chipili RHC	Rural		◆	◆	◆		◆	
	56. Mupeta RHC	Rural			◆	◆		◆	
	57. Kalundu RHC	Rural			◆	◆			
	58. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	59. Luminu RHC	Rural			◆	◆		◆	
	60. Lupososhi RHC	Rural			◆	◆		◆	
	61. Mukonshi RHC	Rural		◆	◆	◆		◆	
	62. Mutipula RHC	Rural			◆	◆			
<i>Mwense</i>	63. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	64. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	65. Mwense Stage II RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	66. Chibondo RHC	Rural			◆	◆		◆	
	67. Chisheta RHC	Rural		◆	◆	◆		◆	
	68. Kapamba RHC	Rural		◆	◆	◆		◆	
	69. Kashiba RHC	Rural		◆	◆	◆		◆	
	70. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	71. Kawama RHC	Rural		◆	◆	◆		◆	
	72. Lubunda RHC	Rural		◆	◆	◆		◆	
	73. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	74. Mubende RHC	Rural		◆	◆	◆		◆	
	75. Mununshi RHC	Rural		◆	◆	◆		◆	
	76. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³	◆	
	77. Musonda RHC	Rural		◆	◆	◆			
<i>Nchelenge</i>	78. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	79. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	81. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙
	82. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	83. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	84. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	85. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	86. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	87. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	88. Kabalenge RHC	Rural		◆	◆	◆			
<i>Samfya</i>	89. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	90. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	91. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	92. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	93. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	94. Kabongo RHC	Rural		◆	◆	◆		◆	
	95. Katanshya RHC	Rural		◆	◆	◆			
	96. Mundubi RHC	Rural							
Totals			30	81	87	87	20	52	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural		◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
	9. Nakonde DH	Rural	◆	◆	◆	◆	◆	◆	⊙
<i>Mpika</i>	10. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	11. Mpika HC	Urban		◆	◆	◆		◆	
	12. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	13. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	14. Mpumba RHC	Rural		◆	◆	◆		◆	
	15. Mukungule RHC	Rural		◆	◆	◆		◆	
	16. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	17. Muwele RHC	Rural		◆	◆	◆			
	18. Lukulu RHC	Rural		◆	◆	◆			
	19. ZCA Clinic	Rural		◆	◆	◆			
	20. Chikakala RHC	Rural		◆	◆	◆			
<i>Shiwa Ng'andu</i>	21. Matumbo RHC	Rural		◆	◆	◆		◆	
	22. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	23. Mwika RHC	Rural		◆	◆	◆			
	24. Kabanda RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	25. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	26. Chinsali HC	Urban		◆	◆	◆		◆	
	27. Lubwa RHC	Rural		◆	◆	◆	◆		
	28. Mundu RHC	Rural		◆	◆	◆			
<i>Isoka</i>	29. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	30. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	31. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	32. Kampumbu RHC	Rural		◆	◆	◆			
	33. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	34. Muyombe	Rural	◆ ¹	◆	◆	◆	◆	◆	
	35. Thendere RHC	Rural		◆	◆	◆			
	36. Mulekatembo RHC	Rural							
<i>Chama</i>	37. Chama DH	Rural	◆	◆	◆	◆	◆	◆	
	38. Chikwa RHC	Rural		◆	◆	◆			
	39. Tembwe RHC	Rural		◆	◆	◆			
Totals			9	32	32	32	9	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Kasama	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC	Rural		◆	◆	◆			
	15. Nkole Mfumu RHC	Rural		◆	◆	◆			
Mbala	16. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	20. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	21. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	22. Mpande RHC	Rural		◆	◆	◆			
	23. Mwamba RHC	Rural		◆	◆	◆			
	24. Nondo RHC	Rural		◆	◆	◆			
	25. Nsokolo RHC	Rural		◆	◆	◆			
	26. Kawimbe RHC	Rural		◆	◆	◆		◆	
Mpulungu	27. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	28. Isoko RHC	Rural		◆	◆	◆			
	29. Chinakila RHC	Rural		◆	◆	◆		◆	
	30. Mpulungu DH	Rural	◆	◆	◆	◆			
Mporokoso	31. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	32. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural		◆	◆	◆			
	34. Mukupa Kaoma RHC	Rural		◆	◆	◆			
	35. Shibwalya Kapila RHC	Rural	◆ ²	◆	◆	◆			
Luwingu	36. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	37. Namukolo Clinic	Urban		◆	◆	◆		◆	
	38. Chikoyi RHC	Rural							
	39. Nsombo RHC	Rural							
	40. Ipusukilo RHC	Rural							
	41. Katuta RHC	Rural							
	42. Tungati RHC	Rural							
Kaputa	43. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	44. Kalaba RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	45. Kasongole RHC	Rural		◆	◆	◆			
Nsama	46. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	47. Kampinda RHC	Rural		◆	◆	◆			
	48. Nsama RHC	Rural	◆	◆	◆	◆			
Mungwi	49. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	50. Malole RHC	Rural		◆	◆	◆		◆	
	51. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	52. Chimba RHC	Rural		◆	◆	◆		◆	
	53. Kapolyo RHC	Rural		◆	◆	◆		◆	
	54. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙
	55. Makasa RHC	Rural		◆	◆	◆			
	56. Ndasas RHC	Rural		◆	◆	◆			
Chilubi Island	57. Chaba RHC	Rural		◆	◆	◆			
	58. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		
	59. Matipa RHC	Rural		◆	◆	◆			
	60. Mofu RHC	Rural							
Totals			21	50	50	50	17	27	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
	19. Kakombe RHC	Rural		◆	◆	◆			
	20. Kamisenga RHC	Rural		◆	◆	◆			
	21. Solwezi Training College	Urban		◆	◆	◆		◆	
<i>Kabompo</i>	22. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	23. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙
	24. Kabulamema RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	26. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	27. Zambezi UHC	Urban			◆	◆		◆	
	28. Mize HC	Rural		◆	◆	◆		◆	
	29. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	30. Mukandakunda RHC	Rural		◆	◆	◆			
	31. Nyakulenga RHC	Rural		◆	◆	◆			
	32. Chilenga RHC	Rural		◆	◆	◆			
	33. Kucheka RHC	Rural		◆	◆	◆			
	34. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	35. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	36. Kanyihampa HC	Rural		◆	◆	◆		◆	
	37. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	38. Lwawu RHC	Rural		◆	◆	◆			
	39. Nyangombe RHC	Rural		◆	◆	◆			
	40. Sailunga RHC	Rural		◆	◆	◆			
	41. Katyola RHC	Rural		◆	◆	◆			
	42. Chiwoma RHC	Rural		◆	◆	◆			
	43. Lumwana West RHC	Rural		◆	◆	◆			
	44. Kanyama RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ikelenge</i>	45. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙
	46. Kafweku RHC	Rural		◆	◆	◆		◆	
<i>Mufumbwe</i>	47. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	48. Matushi RHC	Rural		◆	◆	◆		◆	
	49. Kashima RHC	Rural		◆	◆	◆			
	50. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	51. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙
	52. Chivombo RHC	Rural		◆	◆	◆		◆	
	53. Chiingi RHC	Rural		◆	◆	◆		◆	
	54. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	55. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	56. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	57. Nselauke RHC	Rural		◆	◆	◆		◆	
	58. Kankolonkolo RHC	Rural		◆	◆	◆			
	59. Lunga RHC	Rural		◆	◆	◆			
	60. Dengwe RHC	Rural		◆	◆	◆			
	61. Kamakechi RHC	Rural		◆	◆	◆			
<i>Manyinga</i>	62. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	63. Kasamba RHC	Rural		◆	◆	◆		◆	
	64. Kashinakazhi RHC	Rural		◆	◆	◆			
	65. Dyambombola RHC	Rural		◆	◆	◆			
Totals			12	62	63	63	14	20	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
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⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT IIB sites

ANNEX F: ZPCT IIB Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
<i>Kitwe</i>	14. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
<i>Kalulushi</i>	23. CIMY Clinic	Urban	◆		◆	◆		◆	
<i>Chingola</i>	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
<i>Mpongwe</i>	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
<i>Mwense</i>	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<i>Solwezi</i>	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			23	26	30	30	20	17	3

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
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⊙ ¹ MC services initiated	3 = Referral laboratory for CD4